

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 538580**

1. Corporation Name

**A CHARTER A, INC.**

Principal Place of Business

10256 BEACH BOULEVARD  
JACKSONVILLE FL 32246  
US

Mailing Address

10256 BEACH BOULEVARD  
JACKSONVILLE FL 32246  
US

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90017 031 \*\*\*158.75

\* 5 8 5971447-90005-31 \*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>5605 WESCONNETT BLVD</b>		26 <b>5605 WESCONNETT BLVD</b>		07/01/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1754619	
City & State		City & State		Applied For	
23 <b>JACKSONVILLE, FL</b>		28 <b>JACKSONVILLE, FL</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 <b>32244</b>	25 <b>DUVAL</b>	29 <b>32244</b>	30 <b>DUVAL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCKINIRY, PAUL 10256 BEACH BLVD. JACKSONVILLE FL 32246-1792				81 Name <b>SIMS, JOHN G</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>5605 WESCONNETT BLVD</b>	
				83	
				84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32244</b>	

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

*John G Sims*

**JOHN G SIMS**

**JULY 19, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINIRY, CATH LEE	1.2 NAME	JOHN G SIMS
STREET ADDRESS	337 ST AUGUSTINE BLVD	1.3 STREET ADDRESS	5605 WESCONNETT BLVD, JACKSONVILLE, FL
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINIRY, PAUL	2.2 NAME	
STREET ADDRESS	337 ST. AUGUSTINE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John G Sims* **JOHN G SIMS**

**JULY 19, 1999**

Signature, typed or printed name of signing officer or director

Date

Residence Phone #

CR2E034 (5/99)

0006330

A CHARTER A, INC  
5605 WESCONNETT BLVD  
JACKSONVILLE, FL 32244

57 1144-90005-31  
538580

July 20, 1999

Subject: A CHARTER A, INC  
Ref Number: 538580

TO WHOM IT MAY CONCERN:

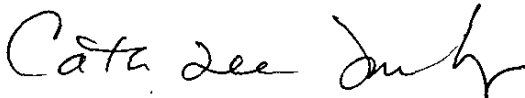
I have corrected and completed a new ANNUAL REPORT to replace the form returned to me by your office; please void the previous report (see copy attached).

Due to the sale of this corporation on January 31, 1999 and resulting change of address, I had not received the first notice to file. I am requesting a waiver of the late filing fee due these circumstances. The 2ND NOTICE has since been forwarded to me as the Postal Service labeling verifies (attached); I have utilized this form for this filing.

Your office has received our check totaling \$158.75, as your correspondence dated July 12, 1999 indicates.

Thank you for your attention to this matter.

Sincerely,



CATH LEE MCKINIRY

NOTE: I can be contacted at telephone number (904) 246-3639.