FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Mailing Address

JAMES D. O'DONNELL, ATTORNEY AT LAW, P.A.

FILED Apr 07 1998 8:00am Secretary of State



	. ~. **	3					
1848 OSCEOLA ST JACKSONVILLE FL 32204		1648 OSCEOLA ST Jacksonville FL 32204			DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified	J GI NOL	
					07/27/1977		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		[26]			59-1756464	Not Applicable	
22		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	>	City & State			6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Count	ſy	8. This corporation owes or has paid the o		
24	25	[29]	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No	
	g. Name and Address of Curre	ont Hegistered Agent		1 Name	10. Name and Address of New Registere	n waaur	
UL	DONNELL, JAMES D.		*	INdire			
	I8 OSCEOLA ST. CKSONVILLE FL 32204		8	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
JAL	MOUNTILLE FL 32204		8	3			
			Ĺ				
			8	4 City	F	85 Zip Code	
11. Pursuant I office or re agent. I ar	o the provisions of Sections 607.05 agistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607,1508, Florida \$ te of Florida, Such change gations of, Section 607 050	Statules, the abo was authorized I 05, Florida Statut	ve-named co by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered	
SIGNATURE	Signature, typed or printed name of registered in	geen and block applicable	(NOTE Registered A	geni s gnature req	urred when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	POS	☐ ĐECET				Change Addition	
NAME	O'DONNELL, JAMES D 1648 OSCEOLA ST.		1.2 NAM				
STREET ADORESS	JACKSONVILLE FL			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	DELET	1.4 CiTY			Change Addition	
TITLE		L OREI	E 21 TITLE	1		Change Noonesi	
NAME				ET ADDRESS			
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP TITLE		DELET				Change Addition	
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				- ST- ZIP			
TITLE		DELET				Change Addition	
NAME			4. 2 NAM	re			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-S1-ZIP			4.4 City	-ST-ZIP			
TITLE		DELET				Change Addition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5 4 C(TY	- ST - ZIP			
TITLE		DELET				Change Addition	
NAME			62 NAM	E			
STREET ADDRESS				ET ADDRESS			
J.1722.740011C00			55500				

14. Thereby 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

3.31.98