

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568652 (2)

1. Corporation Name

POWELL BROTHERS OF JACKSONVILLE NO. 1, INC.



Principal Place of Business

219 NEWMAN STREET
PO BOX 41490
JACKSONVILLE FL 32202

Mailing Address

219 NEWMAN STREET
PO BOX 41490
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
04/14/1978

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1812069

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, THOMAS S.
219 NEWMAN STREET
JACKSONVILLE FL 32202

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

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 this 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

Signature typed or printed in full name of registered agent and the corporation

DATE (For New Agent Signatures Only)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PST
POWELL, THOMAS S.
219 NEWMAN STREET
JACKSONVILLE FL

DELETE

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas S. Powell

Thomas S. Powell

2-1-96

904353381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone, #

CR2E034 (12/95)