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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

1. Corporation DRS.	MENT # 6000 WOOD, LANIER & BOWN	•	•					<u> </u>
Principal Place	of Rusiness	Mailing Address						
Principal Place of Business  1500 RIVERSIDE AVE. JACKSONVILLE FL 32204		1500 RIVERSIDE AVE.  JACKSONVILLE FL 32204				•		
					3. Date Incorporated or Qualif	ied 3a. D	ate of Last R	•
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	1		Applied For	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-0939896  5. Certificate of Status Desired			Not Applicable	
						\$8.75 Additional Fee Required		
City & State		City & State			& Flootian Compaign Financia			
3		28			<ol><li>Election Campaign Financir Trust Fund Contribution</li></ol>	ıa 🗖		<b>0</b> May Be d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability	for intangible		
4	25	29	30			Yes No		.00.002
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Ne	w Registere	d Agent	
				81 Name				
	, WAYNE W.		}	82 Street Add	fress (P.O. Box Number is Not Acce	ptable)		
2755 RIVERSIDE AVE.								
JAUNS	SONVILLE FL 32205			83				
			<u> </u>	84 City	******	F	. 85 Z	Code
or registere	ed agent, or both, in the State of Flor	2 and 607.1508, Florida Sta ida. Such change was auth	atutes, the aboverized by the c	e-named corpo	ration submits this statement for the	purpose of a	changing its r	egistered office
SIGNATURE	of the provisions of Sections 607,000 agent, or both, in the State of Floring, and accept the obligations of, Sec	tion our.0005, Florida Stati	Jies.		ration submits this statement for the ard of directors. I hereby accept the		as registered	
SIGNATURE _	Signature, typed or printed name of registered ager  OFFICERS AN	tion our.0005, Florida Stati	Jies.	/e-named corpo orporation's boa Agent signature require		DATE		
SIGNATURE	Signature, typed or printed name of registered agen  OFFICERS AN	nt and title if applicable.	INOTE Registered	Agent signature require	ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager  OFFICERS AN  P  WOOD, WAYNE W.	nt and little if applicable.  ND DIRECTORS	INOTE Registered	Agent signature require	ed when reinstating)	DATE	ND DIRECTO	
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager  OFFICERS AN  P  WOOD, WAYNE W.  2755 RIVERSIDE AVE.	nt and little if applicable.  ND DIRECTORS	NOTE Registered   13.   1.1Ti	Agent signature require	ed when reinstating)	DATE	ND DIRECTO	
SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL	nt and little if applicable.  ND DIRECTORS  DELETE	NOTE Registered   13.   1.1 Ti	Agent signature require  (LE  ME  REET ADDRESS  Y-ST-ZIP	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE S  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL	nt and little if applicable.  ND DIRECTORS	NOTE Registered   13.   1.1 Ti   12 NA   1.3 STI   1.4 CFI   2.1 Til   1.4 Til   1.5	Agent signature require  TLE  ME  REET ADDRESS  Y-ST-ZIP  LE	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  HILE  NAME	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR.	nt and little if applicable.  ND DIRECTORS  DELETE	NOTE Registered   13.   1.1 Ti   12 NA   1.3 STI   1.4 Cil   2.1 Til   2.2 NA	Agent signature require  FLE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  HILE  NAME  STREET ADDRESS	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE	nt and little if applicable.  ND DIRECTORS  DELETE	NOTE Registered   13.   1.3   1.2   NA   1.3   STI   2.2   NA   2.3   STI	Agent signature require  TLE  ME  REET ADDRESS  Y-ST-ZIP  TLE  ME  REET ADDRESS	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  VAME  STREET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR.	nt and little if applicable.  ND DIRECTORS  DELETE	NOTE Registered   13.   1.3   1.2   NA   1.3   STI   2.2   NA   2.3   STI	Agent signature require  TLE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  HILE  NAME  STREET ADDRESS  CITY-SI-ZIP  HILE  NAME	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL	nt and little if applicable.  ND DIRECTORS  DELETE	INOTE Registered. 13. 1.111/ 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CII 2.4 CII	Agent signature require  TLE  ME REET ADDRESS  Y-ST-ZIP  TLE  ME REET ADDRESS  Y-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D	nt and little if applicable.  ND DIRECTORS  DELETE	NOTE Registered   13.   1.3   1.3   1.2   NA   1.3   STI   2.2   NA   2.3   STI   2.4   CIT   3.1   TIT   3.2   NA   3.2   NA	Agent signature require  TLE  ME REET ADDRESS  Y-ST-ZIP  TLE  ME REET ADDRESS  Y-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	ed when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  11/LE  NAME  STREET ADDRESS  CITY - SI - ZIP  HILE  NAME  STREET ADDRESS  CITY - SI - ZIP  ITLE  NAME  STREET ADDRESS  STREET ADDRESS	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D BOWMAN, S. TODD	nt and little if applicable.  ND DIRECTORS  DELETE	13. 1.3 Ti 12 NA 1.3 STi 1.4 Ci 2.1 Tii 2.2 NA 2.3 STi 2.4 Cit 3.1 Tii 3.2 NA 3.3 ST	Agent signature require  TLE  ME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP  LE  ME ME ME ME ME	ed when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  11/14  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D BOWMAN, S. TODD 1500 RIVERSIDE AVE	nt and little if applicable.  ND DIRECTORS  DELETE	13. 1.3 Ti 12 NA 1.3 STi 1.4 Ci 2.1 Tii 2.2 NA 2.3 STi 2.4 Cit 3.1 Tii 3.2 NA 3.3 ST	Agent signature require  TLE  ME REET ADDRESS Y-ST-ZIP  TLE  ME REET ADDRESS Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  11/LE  NAME  STREET ADDRESS  CITY-SI-ZIP  ITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  ITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  ITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D BOWMAN, S. TODD 1500 RIVERSIDE AVE	nt and title if applicable.  ND DIRECTORS  DELETE  DELETE	NOTE Registered   13.   1.3   1.3   1.2   NA   1.3   STI   1.4   CH   2.1   TI   1.2   NA   2.3   STI   2.4   CH   3.1   TI   3.2   NA   3.3   STI   3.4   CH   3.4	Agent signature require  TLE  ME REET ADDRESS Y-ST-ZIP  LE	ed when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
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SIGNATURE  112.  IIITLE NAME STREET ADDRESS CITY-SI-ZIP HILE NAME STREET ADDRESS CITY-SI-ZIP LITLE NAME STREET ADDRESS CITY-SI-ZIP LITLE NAME STREET ADDRESS CITY-SI-ZIP LITLE NAME STREET ADDRESS CITY-SI-ZIP	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D BOWMAN, S. TODD 1500 RIVERSIDE AVE	nt and little if applicable.  ND DIRECTORS  DELETE  DELETE  DELETE	NOTE Registered   13.   1.1   12   NA   1.3   STI   1.4   CH   2.1   TH   2.2   NA   2.3   STI   2.4   CH   3.1   TH   3.2   NA   3.3   STI   3.4   CH   4.1   TH   4.2   NA   4.3   STI   4.4   CH   4.4   CH   4.4   CH   4.4   CH   4.4   CH   4.4   CH   CH   CH   CH   CH   CH   CH   C	Agent signature require  TLE  ME REET ADDRESS Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  112.  IIITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D BOWMAN, S. TODD 1500 RIVERSIDE AVE	nt and title if applicable.  ND DIRECTORS  DELETE  DELETE	NOTE Registered   13.   1.1 Ti   12 NA   1.3 STi   2.3 STi   2.4 CTT   3.1 TI   3.2 NA   3.3 ST   3.4 CTT   4.1 TTI   4.2 NA   4.3 STi   4.4 CTT   5.1 TI   1.5 TTI	Agent signature require  TLE  ME REET ADDRESS Y-ST-ZIP  LE  ME	ed when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  NAME  NAME  NAME  NAME  NAME  NAME	P WOOD, WAYNE W. 2755 RIVERSIDE AVE. JACKSONVILLE FL VST LANIER, JAMES C, JR. 1500 RIVERSIDE AVENUE JACKSONVILLE FL D BOWMAN, S. TODD 1500 RIVERSIDE AVE	nt and little if applicable.  ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 Ti 12 NA 1.3 STI 1.4 CR 2.1 TII 22 NA 2.3 STR 2.4 CR 3.1 TII 32 NAI 33 ST 4.1 TII 42 NAI 4.3 STR 4.1 TII 5.1 TII 5.2 NAI	Agent signature require  FLE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	ed when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
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SIGNATURE:

904.356-7101 Daytine Prone #