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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 600759

(5)

LAW OFFICE OF S. PERRY PENLAND, SR., P.A.

Principal Plac 219 NORTH NE SECOND FLOO JACKSONVILLE	wnan street R	219 NORTH NE SECOND FLOO	Mailing Address 219 NORTH NEWNAN STREET SECOND FLOOR JACKSONVILLE FL 32202-3227						
US		U\$	US			3. Date Incorporated or Qualified 12/31/1968			
2. Principal P	Place of Business	2a. Mailing Ac	Idress			4. FEI Number 59-1226135	Ap	plied For	
Suite, Apt.	#, efc.	Suite, Apt.	#, etc.				60.75	***************************************	
22		27				5. Certificate of Status Desired	Fee Re		
City & Stat	e	City & Stat	0			6. Election Campaign Financing	\$5.00		
23 Zip	Country	28 Zip		Countr		Trust Fund Contribution	Added t		
24	25	29		30	у	8. This corporation has liability for Florida Statutes	intangible tax under s. ☐ Yes ☐ No	199.032,	
<u></u>	g, Name and Address of Cur	rent Registered Agen	t	1301		10, Name and Address of New Re			
PENI	LAND, S. PERRY			81	Name				
	NORTH NEWNAN STREET			82	Street Add	dress (P.O. Box Number is Not Acceptate	alo)		
	MOROCCO TEMPLE				Sheet Add	idiess (i.e. box Number is Not Acceptable)			
JAC	KSONVILLE FL 32202			83	}				
				84	City		FL B5 Zip (Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607,1508, Flo ate of Florida. Such ch Iligations of, Section 60	orida Statul ange was 07.0505, Fl	tes, the above authorized borida Statute	re-named cor y the corpora is.	rporation submits this statement for the pation's board of directors. I hereby acceptions	versors of spanning it	s registered registered	
SIGNATURE	Signature, typed or printed name of registored	200							
12.		AND DIRECTORS	(NUI	13.	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	S IN 12	
1HtF	P		DELETE	1.1 TITLE		ADDITIONAL TO OFFICE	Change	Addition	
NAME	PENLAND, S. PERRY, SR.			1.2 NAME			_ •		
STREET ADDRESS	233 EAST BAY STREET, SUI	TE 1113		1.3 STREE	T ADDRESS				
CHY-S1-Z#	JACKSONVILLE FL			1.4 CITY -	ST-ZIP				
TITLE	VP		DELETE	2.1 TITLE			Change	noifibbA	
NAME	BLACKNER, LESLEY	ID 14000000 TC14	NE	2.2 NAME					
STREET ADDRESS	219 N NEWNAN STREET, OI JACKSONVILLE FL	ID MOKOCCO IEM	PLE		T ADDRESS				
COLY ST - ZIP TOTLE	S S		DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP				
NAME	MILITELLO, JAMIE L	hooset .	. VELLIE	3.1 TITLE 3.2 NAME			Change	L Addition	
STREET ADORESS	219 N NEWNAN ST., OLD M	OROCCO TEMPLE			T ADDRESS				
CITY-ST-ZIF	JACKSONVILLE FL			3.4. CITY-					
TITLE			DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY+ST-ZIP		***************************************		4.4 CITY-	ST - ZIP				
TrillE			DELETE	5.1 TITLE			☐ Change	Addition	
NAME				5.2 NAME		· .		ř	
STREET ACORESS					f Address				
CHY-ST-ZIP			DELETE	5.4 CITY-	S7 - ZIP		Dhan	Addison	
TITLE.		ليبا	DECETE	6.1 TITLE		\sim	Change	Addition	
STREET ADDRESS				6.2 NAME	T ADDRESS				
CITY-ST-ZIP				6.4 CITY-					
14. I do herel	by certify Inal the information supp	olied with this filing doe	s not quali	ly for the exi	emotion state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that t	the	
Informatio	on indicated on this annual report o	or supplemental annua	l report is t	true and acc	urate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	it effect as it made und	ier nath-that	

SIGNATURE:

S. Perry Penland 02/04/96

(904) 632-2100

FILED

Feb 11 1997 8:00am

Secretary of State