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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 688783

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Principal Place of Business Mailing Address								F 10 0 F10 01101 1010	1819 1888 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 181		ALL MINGE DI	Die Albii Alali il	(D)
111 RIVERSI	DE AVENUE	1	11 RIVERSIDE AVER	NUE									
P O BOX 44100 JACKSONVILLE FL 32231-4100			P O BOX 44100 JACKSONVILLE FL 32231-4100										
JACKSONYIL	LE FL 02201-4100		NONSONVICLE PE S	2231 7100		٤.		Incorporated	or Qualified	3a. Date			
								9/09/1980		0	1/25/1		
2. Principal Pla	ace of Business		Mailing Address				4. FEIN		^		_	Applied For	
21	t ala	26	Cuite Ant 4 ste					59-203600	U		60.7	Not Applica	
Suite, Apt. # 22	r, etc.	27	Suite, Apt. #, etc.				5. Certi	ficate of Status	Desired	[3]	- - · ·	75 Additional Required	I
City & State		-+-	City & State				6 Flect	tion Campaign	Financino			00 May Be	
23		28	,					t Fund Contribi	_			led to Fees	
Zip	Country		Zip	C	ountry		B. This	corporation ha			x under	s 199.032,	
24	25	29		30			Florid	da Statutes	Yes	□No			
	g. Name and Address of Curr	ent Registe	red Agent		Ι			ne and Addre	s of New R	egistered	Agent		
					81	Name							
	rgriff, C. Edward				82	Street	Address (P.O. Bo	ox Number is N	lot Acceptabl	le)			
	ERSIDE AVE.				L								
JACKS(ONVILLE FL 32231-4100				83								
					84	City			1		85 2	Zip Code	
						L				FL	1.1.		
or registere	o the provisions of Sections 607.05 and agent, or both, in the State of File	orida. Such d	change was authori:	zed by the	corp	named d oration':	orporation submit board of director	ts this statemer rs. Thereby acc	nt for the purp sept the appo	pose of cha pintment as	inging its registers	i registered o ad agent. I ar	MiC⊖ n
familiär wit	h, and accept the obligations of, Se	ection 607.0	505, Florida Statute	S.	·			-	,		•	_	
SIGNATURE _	Signature, typed or printed name of registered ag			OTE D			required when reinstatin			DATE			
12.	OFFICERS A			13	<u>-</u>	it signature		9: ITIONS/CHAN(SES TO OFF		DIRECT	ORS IN 12	
TITLE	V		DELETE	-	TITLE		T	11101101010101	220 10 0111	<u>-</u>	Change		on
NAME	PAYLOR, LARRY E			1.2	NAME								
STREET ADDRESS	111 RIVERSIDE AVE			1.3	STREET	ADDRESS							
CiTY-ST-ZiP	JACKSONVILLE, FL 00000)		1.4	CITY-S	ST-ZIP							
TITLE	PD		☐ DELETE	2 1	TITLE						Change	e 🔲 Addita)П
NAME	Haskell, Preston H			22	NAME								
STREET ADDRESS	111 RIVERSIDE AVE			23	STREET	ADDRESS	1						
CITY-\$1-ZIP	JACKSONVILLE, FL 00000	}		2.4	CHTY - S	1 - ZIP	<u> </u>						
TITLE	S		□ DELETE	3 1	THLE					[Change	e 🔲 Additi	nc
NAME	VANDERGRIFF, C. EDWAF	RD		32	NAME								
STREET ADDRESS	111 RIVERSIDE AVE			33	STREE	t address							
CITY-ST-ZIP	JACKSONVILLE, FL 00000	<u> </u>			CHTY - S	ST-ZIP	ļ					F 9	
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NAME	OSTERMAN, JR. P				NAME		1 222 24				•		
STREET ADDRESS	111 RIVERSIDE AVE					ADDRESS		nville					
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NAME CLOSEL LIBERTOR					NAME	ADDRESS							
STREET ADDRESS					CITY-5								
CITY-S1-ZIP TITLE			DELETE	-	TITLE	11 - ZIF	 			i i	Change	e 🔲 Additi	on.
NAM!				1	NAME					_	_ •	_	
STREET ADDRESS						ADDRESS							
CITY-ST-ZiP					CITY - S								
14. I do hereb	I y certify that the information supplic	d with this fi	ling is voluntarily fur	nished an	d doe	s not qu	alify for the exem	ption stated in	Section 119.	07(3)(k), Flo	rida Staf	iutes. I furthe	r
oath; that I	the information indicated on thi e a ll I am an officer or director of the co	poration or t	the receiver or trust-	ee empov	t is tru veredi	ue and a to exe ct	ccurate and that Ite this report as I	my signature s required by Ch	naii have the apter 607, Fk	same legal orida Statut	effect as es; and f	; п made und that my name	ar e
appears in	Block 12 or Block 18 if changed, o	or on an ati	chment with an add	lrese		_		. ,				•	
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SIGNATURE: 4/24/96 (904) 791-4500

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