

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR -4 PM 3:31

**DOCUMENT # 735320 (4)**

1. Corporation Name  
**HERE'S LIFE, JACKSONVILLE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3830 CROWN POINT ROAD SUITE D JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **9471 Baymeadows Rd.** 26 **9471 Baymeadows Rd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite #408** 27 **Suite #408**  
City & State City & State  
23 **Jacksonville, FL** 28 **Jacksonville, FL**  
Zip Country Zip Country  
24 **32256-793** 25 **Duval** 29 **32256-793** 30 **Duval**

3. Date Incorporated or Qualified **03/18/1976** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1707033** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HAYLOWES, BORDEN R Jim Young**  
**4339 VENERA BLVD 7693 Las Palmas Way**  
**JACKSONVILLE FL 32210 Jacksonville, FL 32256**

10. Name and Address of New Registered Agent  
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 the 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 *Jim Young* DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCINTOSH, BRUCE        | 1.2 NAME  |   |
| STREET ADDRESS             | 7207 TRAILS END        | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | JACKSONVILLE FL        | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HANGAN, MARVIN F       | 2.2 NAME  |   |
| STREET ADDRESS             | 62100 SAINT ANDREWS CT | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | PONTE VEDRA BCH FL     | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUMRELL, RICK          | 3.2 NAME  |   |
| STREET ADDRESS             | 13126 CRICKEY COVE N.  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | JACKSONVILLE FL 32224  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | PD                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Pezzutti, Bill         | 4.2 NAME  |   |
| STREET ADDRESS             | 12966 Silver Oak Drive | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | Jacksonville, FL 32223 | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Young, Jim             | 5.2 NAME  |   |
| STREET ADDRESS             | 7693 Las Palmas Way    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | Jacksonville, FL 32256 | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Crenshaw, Mack         | 6.2 NAME  |   |
| STREET ADDRESS             | 3855 St. Johns Ave.    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | Jacksonville, FL 32205 | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Bill Pezzutti* DATE: **4/15/95** ORIGINAL FILE # **904/448-0737**