

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735320 (4)

1. Corporation Name

HERE'S LIFE, JACKSONVILLE, INC.



Principal Place of Business

9471 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE FL 32256-7937
US

Mailing Address

9471 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE FL 32256-7937
US

3. Date Incorporated or Qualified
03/18/1976

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 8421 Baymeadows Way

26 SAME

22 Suite, Apt., #, etc.
3

27 Suite, Apt., #, etc.
SAME

23 City & State
Jax. Fla.

28 City & State
Jax. Fla.

24 Zip
32256

25 Country
USA

29 Zip
32256

30 Country
USA

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

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

8223
HALLOWES, BORDEN R
4339 VENETIA BLVD
JACKSONVILLE FL 32210
Pezzutti, Bill
12966 Silver Oak Dr.
Jax. Fla. 32223

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *William Pezzutti*
Signature typed or printed name of registered agent, if title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PEZZUTTI, BILL
STREET ADDRESS 12966 SILVER OAK DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME YOUNG, JIM
STREET ADDRESS 7693 LAS PALMAS WAY
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE VD
NAME CRENSHAW, MACK
STREET ADDRESS 3855 ST. JOHNS AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mack Crenshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MACK CRENSHAW

Mack Crenshaw

904-278-4760
Date Daytime Phone #

CR2E037 (12/95)