

**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

Mailing Address

9471 BAYMEADOWS ROAD  
SUITE 400  
JACKSONVILLE FL 32256-7937  
US

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.

23 City & State  
Jax. Fla.

28 City & State

24 Zip  
32256

25 Country  
USA

29 Zip

30 Country

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 applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEZZUTTI, BILL	
STREET ADDRESS	12966 SILVER OAK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YOUNG, JIM	
STREET ADDRESS	7693 LAS PALMAS WAY	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRENSHAW, MACK	
STREET ADDRESS	3855 ST. JOHNS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*61.25

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*  
Date: 9-04-278-976 0  
Daytime Phone #

CR2E037 (12/95)