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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

755086

(6)

PRESIDIO INTERNATIONAL, INC.

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:00am										
State										

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Principal Plac	ce of Business		Mailing Ad	ddress			 	- 1 100111 15001 01101 8(1)(0	INIAN TONIN ARAN N	HEN OLDH OHUN BION A	(BI)
C/O CALVIN B. REDDICK			C/O CALVIN B. REDDICK				3. Date Incorporated or Q	ualified			
				124 S. MYRTLE AVENUE JACKSONVILLE FL 32204			11/12/1980				
Pronoctives	L I L OFFICE		PHONOGRA	ILLE FL SEEUM				4. FEI Number		LA	oplied For
A D (10.11-01.1	N		1 4 44 6					NOT APPLICAL	<u>BLE</u>	No	eldabilogqA to
	Place of Business 2a. Malling Address							5. Certificate of Status Des	sired [-	Additional
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Fina		<u> </u>	equired		
22		27				Trust Fund Contribution	ncing [\$5.00 Added to			
City & Sta	te	City &	State				7. Is this nonprofit corpora	tion a home		n?	
23 Zip	Zip Country								<u> </u>		•
24	25	rury	Zip Cou 29 30			try		This corporation owes of Personal Property Tax of			tangible De No
[64]	9. Name and Add	dress of Current		gent	[30]			10. Name and Address of			001 [
						1 Nan	ne				
	X, CALVIN B				<u> </u>	2 Stre	et Addre	ss (P.O. Box Number is Not A	ccentable)		
	DHNSON ST						01710010	35 (* 151 25K Nambol 16 1101)			
JACKS	DNMLLE FL 32209				1	3					
					1	4 City				85 Zip	Code
44 Durament	to the provisions of C	actions 617 0500	and 617 1500	Florido Ctatus					4	FL P	
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.											registered registered
SIGNATURE	Signature, typed or printed n	arne of registered agen	t and title if applicab	le (NOT	E: Registered	oeni signa	ture required	d when rainstating)		MATE	
12.	T 68	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES T	O OFFICERS	S AND DIRECTOR	RS IN 12
TITLE	PD Propert out	***		DELETE	1.1 TITL	E				Change	☐ Addition
NAME	REDDICK, CALV				1,2 NAM	Æ					
STREET ADDRESS	1336 JOHNSON					EET ADDRES	is				
CITY-ST-ZIP TITLE	JACKSONVILLE VD	,F L 00000		DELETE		-ST-ZIP	_				114499
HAME	HENDON, PEGO	AVE I		L DECEME	2.1 TITL					Change	☐ Addition
STREET ADDRESS	1993 W. 5TH S				2.2 NAM	EET ADORES					
CITY-ST-ZIP	JACKSONVILLE					r-ST-ZIP	"				
TITLE	SO			DELETE	3.1 TITL		+			☐ Change	Addition
NAME	SAUNDERS, AL	Bert H.			3.2 NAM	E				· -	
STREET ADDRESS	1484 W. 22ND				3.3 STRI	ET ADDRES	s				1
CITY-ST-ZIP	JACKSONVILLE	FL			3.4. CiT	/-ST-ZIP					
TITLE	TD			DELETE	4.1 TITL	Ε				☐ Change	Addition Addition
NAME	MCPHERSON, V	VARREN T.			4. 2 NAA	AE					
STREET ADDRESS	336 KING ST.	PI			4.3 STR	ET ADDRES	s				
CITY-ST-ZIP	JACKSONVILLE	<u>FL</u>		DELETE		-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			17.77
TITLE	D Small , nathai	MICI		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	104 KING ST.	TILL.			5.2 NAM						
STREET ADDRESS	JACKSONVILLE	Fi				ET ADORES	5				
CITY-ST-ZIP TITLE	WINITED			DELETE	5.4 CITY 6.1 TITU		+			Change	Addition
NAME				01.01.01	6.2 NAM					□ cuent∂e	
STREET ADDRESS						et addres					İ
CITY-ST-ZIP						-ST-ZIP	Ĭ				
	ertify that the informs	tion supplied with	h this filing doe	e net evelik fo			ntad la C	action 110 07/3)(i) Florida Ctr	tutan I & will		Indiana aktor

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eddress.

SIGNATURE: