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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 03 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 83:
1. Corporation Name

(7)

CANNON/PEARCE TURNER NIKOLAJEVICH, INC.						
Principal Plac	e of Business	Mailing Address			1 1881/81 101/60 11188 11111 01078 01184 FF	0 6 0 \$101 0 0 0 6 B10 8 9 1 6
ONE INDEPE		2170 WHITEHAVEN RD.			į	
Suite 302 Jacksonville FL 32202		ATTN: ACCOUNTING GRAND ISLAND NY 14072		DO NOT WOITE	E IN THIS SPACE	
US	E PL 32202	US US	12		3. Date Incorporated or Qualified	IN THIS SPACE
					12/10/1974	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		43-0188830	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	a	City & State		# Etaction Comparing Financing	Fee Required \$5.00 May Be	
23		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	igistered Agent
	CORPORATION SYSTEM			81 Name		
	00 S. PINE ISLAND ROAD ANTATION FL 33324			82 Street A	Address (P.O. Box Number is Not Acceptal	ble)
10	41/1/10/11/2 30324			83		
				20 00		leel 7: 6
				64 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statut	tes, the a	bove-named	corporation submits this statement for the properties heard of directors. I have be apply	purpose of changing its registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, FI	lorida Stal	tutes.	oration's board of directors. I hereby acce	of the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ager OFFICERS AND		E: Registere	ed Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	VO	DELETE	1.1 70	ITLE	ADDITIONO/OF ANGLE TO OFF IN	Change Addition
NAME	NIKOLAJEVICH, GEORGE Z.		1.2 N	AME		
STREET ADDRESS	ONE CITY CENTRE		1.3 \$1	TREET ADDRESS		3
CITY - ST - ZIP	ST.LOUIS MO		1.4 CI	ITY-ST-ZIP		
THTLE	VD	DELĒTĒ	2.1 TI	itie 1		
NAME	TURNER, M K ONE CITY CENTRE			111.00		Change Addition
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CITY-ST-ZIP TITLE			2.3 S1	AME TREET ADDRESS		Change Addition C
	ST. LOUIS MO	DELETE	2.3 S1 2. 4 C	AME TREET ADDRESS CITY-ST-ZIP		Change Addition
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NAME STREET ADDRESS	ST. LOUIS MO SD CARLSON, RICHARD E ONE CITY CENTRE	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N/	AME TREE! ADDRESS CITY-S!-ZIP		
	ST. LOUIS MO SD CARLSON, RICHARD E	☐ DELETE	2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	AME TREET ADDRESS CITY-ST-ZIP ITLE AME		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST. LOUIS MO SD CARLSON, RICHARD E ONE CITY CENTRE ST LOUIS MI P MILLER, GARY R 2170 WHITEHAVEN ROAD		2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 34. C 4 1 Ti 4 2 N	AME TREET ADDRESS DITY-ST-ZIP TREET ADDRESS DITY-ST-ZIP TILE		Change Addition
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14. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan M. Pinchoss - Hally M. The 18 March 26 1999 (7:0) 773 - 6800