
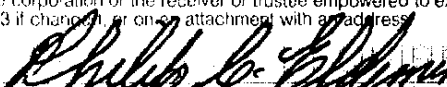


FILED

Jan 24 1997 8:00am
Secretary of State

| | | |
|--|--|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # F30661 1. Corporation Name PHILIP C. ELDEMIRE, INC. </div> <div style="font-size: 2em; font-weight: bold;">(5)</div> </div> | | |
| Principal Place of Business 12807 FT CAROLINE RD C/O PHILIP C ELDEMIRE JACKSONVILLE FL 32225 | | Mailing Address 12807 FT CAROLINE RD C/O PHILIP C ELDEMIRE JACKSONVILLE FL 32225-1242 |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> ELDEMIRE, PHILIP C. 12807 FT CAROLINE RD JACKSONVILLE FL 32225 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div> | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required) | | |
| 12. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS ELDEMIRE, RUTH 12807 FT CAROLINE RD JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT ELDEMIRE, PHILIP C 12807 FT CAROLINE RD JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
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| 13. | | |
| | 1.1 TITLE | |
| | 1.2 NAME | |
| | 1.3 STREET ADDRESS | |
| | 1.4 CITY - ST - ZIP | |
| | 2.1 TITLE | |
| | 2.2 NAME | |
| | 2.3 STREET ADDRESS | |
| | 2.4 CITY - ST - ZIP | |
| | 3.1 TITLE | |
| | 3.2 NAME | |
| | 3.3 STREET ADDRESS | |
| | 3.4 CITY - ST - ZIP | |
| | 4.1 TITLE | |
| | 4.2 NAME | |
| | 4.3 STREET ADDRESS | |
| | 4.4 CITY - ST - ZIP | |
| | 5.1 TITLE | |
| | 5.2 NAME | |
| | 5.3 STREET ADDRESS | |
| | 5.4 CITY - ST - ZIP | |
| | 6.1 TITLE | |
| | 6.2 NAME | |
| | 6.3 STREET ADDRESS | |
| | 6.4 CITY - ST - ZIP | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | |
| SIGNATURE:  | | |



CR2E034 (9/96)