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CORPORATION ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

•	1996		DIVISION OF	ary of State CORPORATIO	NS			
	MENT# F	32352	(9)					
Corporation WILLIA	M A. ALLBRITTE	N, INC.				1 1881138 MER MAR 31888 11181 GOD		. AIBN BIBU 1881
Principa' Place	of Business	Mail	ing Address			***************************************	* ****	. 41411 61411 1441
	M-A-ALLBRITTEN		'341 Trails end)/o William a Allb i	RITTEN-				
JACKSONVIL US	LE FL 32277		IACKSONVILLE FL 322 JS	277		3. Date incorporated or Qualified	3a. Date of Last Re	eport
						04/27/1981	03/24/19	
2. Principal Pla	ice of Business	hin i	Mailing Address			4, FEI Number	h	Applied For
21 Suite, Apt. #		[26]	Suite, Apt #, etc.			59-2103082		Not Applicable Additional
22	.,	27				5. Certificate of Status Desired	4 7 - 1 - 1	Required
Oity & State		28	Oity & State	···		Election Campaign Financing Trust Fund Contribution		May Be
24)	Countr 25	y 29	Zip	Country 30		8. This corporation has fiability for in Florida Statutes X Yes		199.032,
	9. Name and Addre	ess of Current Registe	ered Agent			10. Name and Address of New R		
				81	Name			
ALLBRITTEN, GWENDOLYN M					Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
7341 TF	RAILS END	00000		83		······································		· · · · · · · · · · · · · · · · · · ·
JACKSC	ONVILLE FL 32211	28011						
				84	City		FL 85 Z ₁	33577
familiar witt - S:GNATURE	h, and accept the obligation by the state of	ations of, Section 607.0	505, Florida Statutes.	The Registered Agent		rd of directors. I hereby accept the appoint	DATE	agorii. Turr
12.		DEFICERS AND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OFF	OCDO LUD DIDEOTO	
1H.£	PVST					ABBITIONS/OF PAROLO TO OFF		
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NAMI CONTRACTOR	ALLBRITTEN, GV			1. 1 TITLE 1.2 NAME	*DDOLCC	ADDITIONS OF PRINCES TO OFF		
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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: Guenclof M. allbutter
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-94 904-744-3193