

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F74596 (0)**

1. Corporation Name  
**6601 CORPORATION**



Principal Place of Business: **4250 LAKESIDE DR 208 JACKSONVILLE FL 32210 US**  
Mailing Address: **P O BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/26/1982**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2200758**  
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  
**HELMICK, JR., JOHN P.  
4250 LAKESIDE DR #208  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BROWN, LILA B.	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HELMICK, JOHN P JR.	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BROWN, BARRET	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HELMICK, EMILY S	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Helmick, Marc A.	
13 STREET ADDRESS	4250 Lakeside Drive #208	
14 CITY - ST - ZIP	Jacksonville, FL 32210	
21 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Helmick, Claudette B.	
23 STREET ADDRESS	4250 Lakeside Drive #208	
24 CITY - ST - ZIP	Jacksonville, FL 32210	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barret Brown* **BARRET BROWN** 3/18/96 (904) 389-7340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)