

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
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 (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85)
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD BROWN, LILA B. 4250 LAKESIDE DR #208 JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD HELMICK, JOHN P JR. 4250 LAKESIDE DR #208 JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	AV Helmick, Marc A. 4250 Lakeside Drive #208 Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	SVD BROWN, BARRET 4250 LAKESIDE DR #208 JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	AV Helmick, Claudette B. 4250 Lakeside Drive #208 Jacksonville, FL 32210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	AS HELMICK, EMILY S 4250 LAKESIDE DR #208 JACKSONVILLE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)