FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002629 (3)**

1. Corporation Name

ANNO DOMINI, INC.

Principal Place of Business	Mailing Address
2911 SCOTT MILL LANE JACKSONVILLE FL 32217	2911 SCOTT MILL LANE JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:
4. FEI Number: 93-0799236 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 32405
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 JACKSONVILLE, FL.
24 Zip / 25 Country	29 32227-0405 / 30 USA

9. Name and Address of Current Registered Agent

RAINNIE, W W
4190 BELFORT ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOWERS, JOHN	12 NAME	
STREET ADDRESS	2911 SCOTT MILL LANE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY-ST-ZIP	
TITLE	TDS	21 TITLE	☐ Change ☐ Addition
NAME	JENKINS, KATHLEEN	22 NAME	
STREET ADDRESS	10467 DOCKSIDER DRIVE EAST	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WILBERT, DAVID	32 NAME	
STREET ADDRESS	4327 RUSTLING LEAF LANE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHILLING, MARTY	42 NAME	
STREET ADDRESS	3385 CHEYENNE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RAINNIE, WARD	52 NAME	
STREET ADDRESS	4304 FALLING LEAF COURT	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STRATHMANN, DAVID	62 NAME	
STREET ADDRESS	12451 MUSCOVY DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Ward Rainnie, DIRECTOR 4/24/95 904-281-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000002