## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

POCUMENT #

(1)

VAN DYKE ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

## **FILED** May 20 1997 8:00am Secretary of State



B386 BAYMEADOWS RD. STE 182 JACKSONVILLE FL 32258-7438			B386 BAYMEADOWS RD. STE JACKSONVILLE FL 32256-7438		182					
				;			3. Date Incorporated or Qualified 08/18/1982	1	e of Last I 18/1996	
2. Principal Pla	ace of Business	2a. /	Mailing Address		********		4. FEI Number			Applied For
21		26	26				59-2219731		N	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							Additional
22		27	27				5. Certificate of Status Desired		Fee F	Required
City & State			City & State	:			6. Election Campaign Financing		\$5.00	May Be
23		28		!			Trust Fund Contribution			l to Fees
Zip	Country	7	ŽIP	Cou	untry		8. This corporation has liability for i	ritangible t	ax under	s. 199.032,
24	25	29 30			Florida Statutes Yes No					
	9. Name and Address of C	urrent Registe	red Agent		L		10. Name and Address of New Re	gistered A	gent	
8386 STE	DYKE, DONNA 3 BAYMEADOWS RD 182 KSONVILLE FL 32256					Street Ac	ddress (P.O. Box Number is Not Acceptab	FL	85 Zip	) Code
SIGNATURE	Signature, typed or printed have or register	ed agent and title if	MAC (NOTE	<b>ONNA</b> Registere	L J . ed Agen	Van	orporation submits this statement for the paration's board of directors. Thereby access  When (Presiden+)  Grant when reinstating)	5-1	5-9'	7
12.	<b>S</b> FIGER	S AND DIRECT		13.		r	ADDITIONS/CHANGES TO OFFIC			
TITLE	P		☐ DELETE	111	TITLE			ļ	Change	Addition
NAME	van dyke, donna			1 2 N	NAME					
STREET ADDRESS	8386 BAYMEADOWS RD	ST1&2		13 S	STHÉET #	ADDRESS				
CITY-\$T-ZIP	JACKSONVILLE FL			1 4 0	CITY-SI	- 71F1				
TITLE			DELETE	2 1 J	DILE				Change	Addition
NAME				2,2 N	NAME					
STREET ADDRESS				2.3 S	STREET #	ADDRESS				
CITY-ST-ZIP				2.40	CITY-ST	1 - 71F				
TITLE			DELETE	3,11	OTLE			`	☐ Change	Addition
NAME				3,2 N	NAME					
STREET ADDRESS				3 3 3	STREET /	ADDRESS				
CITY-ST-ZIP				34 (	C(1 Y - S1	1-71P				
TITLE			DELFTE	4.1 1					Change	Addition
NAME			_	4 2	NAM[	}			-	
STREET ADDRESS						ADDRESS				
					CITY-ST					
CITY-ST-ZIP TITLE			DELETE	5,1 T		- 211			Change	Addition
1			LJ DITTIE							
NAME					NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			T BOOK		CITY-ST	-7IP			<u> </u>	177
TITLE			☐ DELETE		1016				∐ Change	Addition
NAME	: ·			651	NAME					
STREET ADDRESS				688	STREET /	ADDRESS				
CITY-ST-ZIP					Crty-St					
14. I do hereb	y certify that the information su	ipplied with this	s filing does not qual-	y for the	o exer	nption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	at 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 3 if changed, or on an attachment with an address.