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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Division of Corporations

1997

G08601

(8)

DOCUMENT #
1. Corporation Name
A.O. SILVERS, INC.

FILED
Jan 14 1997 8:00am
Secretary of State



Principal Flygor of Duranes					·····			
Principal Place of Business Mailing Address E98 LOCKET STREET								
538 LOCUST STREET JACKSONVILLE FL 32254	538 LOCUST STREE JACKSONVILLE FL 3	JACKSONVILLE FL 32254-4333						
US	US							
							te of Last Report 24/1996	
2. Principal Pace of Business	28. Mailing Address				4. FEI Number		Ar	oplied For
<u> </u>	26				14-1169883			ot Applicab
Suite, Apt. #, etc.	Suite Apt. #, etc	i. 			5. Certificate of Status Desired		,	Additionat equired
City & State	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Co.,		Co	untry		8. This corporation has liability for i	ntangible tax	under s	. 199.032,
25	29	30				Yes 🖺	10	
9. Name and Ado	dress of Current Registered Agent				10. Name and Address of New Re	gistered Age	nt	
SILVERS, A.O.			81	Name				
538 LOCUST STREET	•		82	Street Add	Iress (P.O. Box Number is Not Acceptab			
JACKSONVILLE FL 32			"					
			83					
			104	0.1		r:		0-4-
			84	City		FL I	35 Zip	Code
Signature Signature (1934-2010) partied in	isasi otregis i i façe construe cappidade OFFICENS AND DIRECTORS	(NOTE Register	· · · · · · · · · · · · · · · · · · ·	ent signaturo requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DE	RECTOR	RS IN 12
TLE P	DELET	E 1,1	TITLE				Change	☐ Addit
IAME SILVERS, A.O.		1.2	NAME					
STREET ADDRESS 538 LOCUST ST	TREET	1.3	STREET	ADDRESS				
SITY-ST-ZIF JACKSONVILLE	FL	1,4	CITY-S	ST- ZIP				
ITLE	☐ DELET	E : 21	TITLE				Change	Addit
NAME		2.2	NAME					
STREET ADDRESS		2.3	STREET	ADDRESS				
DITY - ST - ZIP			CITY- S	ST-ZIP				
ITLE	□ oofft		TITLE	-		L	Change	L Addit
IAME			NAME	}				
STREET ADDRESS				ADDRESS				
City - S1 - ZIP	DELET		CITY	ST-ZIP			Change	Addit
IILE	F DETE		TITLE				ดาษาเลิด	LJ AUGII
NAME		•	NAME	. ADDOSSC				
STREET ADDRESS				ADDRESS				
01Y - ST - 20°	DELET		CITY - S TITLE	01 - Z(P	· · · · · · · · · · · · · · · · · · ·		Change	Addit
IAME			NAME			•	2	***************************************
STHEET ACORESS		1		ADDRESS				
DITY-SE-7i2			CITY - S	1				
TITLE	DELET		TITLE	1 411			Change	Addit
NAME			NAME				•	**
STREET ADDRESS				ADDRESS				
CITY-S1-ZIP			CITY-5	1				
14 I do be solve cortifue that the inte	brustian a maland with this filling does not				d in Section 119.07(3)(i) Florida Statute	e I further ce	edify that	the

• I do hereby certify that the information supplied with this filing 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 suppliemental 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 changing, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

January 7, 1997 904-3

oytime Phone ■