

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

APPROVED AND FILED  
95 MAR 23 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **G54180** (6)  
1. Corporation Name  
**AUGUST CORPORATION OF JACKSONVILLE**

Principal Place of Business: 225 WATER ST (C/O SMITH & HULSEY) 1800 FLA. NAT'L BANK TOWER JACKSONVILLE FL 32202  
Mailing Address: 225 WATER ST (C/O SMITH & HULSEY) 1800 FLA. NAT'L BANK TOWER JACKSONVILLE FL 32202

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.:  
23. City & State:  
24. Zip: 25. Country:

DO NOT WRITE IN THIS SPACE.  
3. Date Incorporated or Qualified: 08/12/1983  
3a. Date of Last Report: 04/18/1994  
4. FEI Number: 59-2324590  
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  
**SMITH HULSEY & BUSEY**  
1800 FLA. NAT'L BANK TOWER  
225 WATER ST.  
JACKSONVILLE FL 32202

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

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 remaining))

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, LORI
STREET ADDRESS	4785 ORTEGA BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	STEVENS, JOE
STREET ADDRESS	1201 TRAILWOOD DR.
CITY - ST - ZIP	NEPTUNE BEACH, FL 00000
TITLE	DST
NAME	SIPKA, LOUIS
STREET ADDRESS	4259 TIMBERLAKE DR. N.
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	ASD
NAME	GRASS, RAY
STREET ADDRESS	4413 ORTEGA FARMS CIRCLE
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DST
3.3 STREET ADDRESS	SIPKA, LOUIS
3.4 CITY - ST - ZIP	1787 FIDDLER'S RIDGE DR. ORANGE PARK, FL 32073
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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: Louis Sipka 3/20/95 904 791-7186  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year) (Type or Print Name)