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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Suite, Apt. #, etc. Suite, Apt. #, etc.		1996		Secreti DIVISION OF	ary of State CORPORATION	ONS			
144 WRITLOCK AVE			G54850	(4)					
MAR WHITLOOK AVE 104 WHITLOOK VE P.O. BXX 11308, N/A MARCHANNEER 18211 US 09/18/1893 04/20/1995 04/20/1995 09/18/1893 04/20/1995 04/20/20/20/20/20/20/20/20/20/20/20/20/20/	DAVID	GRAY PLUM	IBING, INCORPOR	ATED					
MAR WHITLOOK AVE 104 WHITLOOK VE P.O. BXX 11308, N/A MARCHANNEER 18211 US 09/18/1893 04/20/1995 04/20/1995 09/18/1893 04/20/1995 04/20/20/20/20/20/20/20/20/20/20/20/20/20/									
P.O. BOX 11303. N/A JACKSONNILLE FL 32211 US 1. For some of Florice or Flori	Principal Place o	of Business	Ma	iling Address				HIII BOID BHEAF OLDA OLDA	ELDIN ETERN ÖTÜK (ÖD
JACKSONVILLE FL 32211 US									
US Description Descriptio									
Paralled Place of Exemese 28								1	•
Sales Agil 8, ethic Sules Agil 4, ethic Sules Agil 4, etc. Sules A	2. Principal Plac	ce of Business	2a.	Mailing Address				1 04/20/	
Cry & State 27	1		26				59-2480329		Not Applicable
CRAY, DAVID F 603 MATHIS ROAD 1. Fire coporation is abability for intamplite tax under a 199 032, 2 2 2 3 30 10. Name and Address of Current Registered Agent 61 Name 62 Street Address of New Registered Agent 63 Name 64 Only 65 Street Address of New Registered Agent 66 Only 67 Street Address of New Registered Agent 67 Street Address of New Registered Agent 68 Name 69 Street Address of New Registered Agent 60 Name and Address of New Registered Agent 60 Name and Address of New Registered Agent 60 Name 60 Name and Address of New Registered Agent 61 Name 62 Street Address of New Registered Agent 63 Name 64 Only 65 Street Address of New Registered Agent 66 Name 67 Street Address of New Registered Agent 67 Street Address of New Registered Agent 68 Name 69 Street Address of New Registered Agent 60 Name and Address of New Registered Agent 60 Nam		, etc.	97	Suite, Apt. #, etc.			5. Certificate of Status Desired		
29 Country 29 Country 29 Country 29 Country 29 30 Fine appointment in the image of the	1			City & State			6 Election Campaign Financing	1-00	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Street Address (P.O. Box Number is Not Acceptable) 10. Street Address (P.O.	:		28						
9. Name and Address of Current Registered Agent 81 Name 6RAY, DAVID F 603 MATHIS ROAD 604 MATHIS ROAD 607 MATHIS ROAD 608 MATHIS ROAD 608 MATHIS ROAD 609 MATHIS ROAD 609 MATHIS ROAD 609 MATHIS ROAD 600 MATHIS ROAD 60		¬	· —	Zφ					199.032,
GRAY, DAVID F 603-MATHIS ROAD 6-0-1 MATHIS ROAD JACKSONVILLE FL 32211 83 84 City FL 85 Zop Code 85 86 City FL 85 Zop Code 87 88 City FL 85 Zop Code 89 Zop Code 80 Zop C	1	. الأراب الساساء .		ered Agent	30				
603-MATHIS ROAD 6-04 MATH is RoAd JACKSONVILLE FL 32211 1. Favs.spirit to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named composation externits 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 office registered agent, or both in the State of Florida. Statutes the above named composation externits this statement for the purpose of changing its registered office registered agent. I am the state of provision as the registered office of the state of provision as the registered agent. I am the state of provision as the registered agent upward registered agent upward registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent upward registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision as the registered agent. I am the state of provision agent agent. I am the state of provision agent agent. I am the state of provision agent agent agent agent agent. I am the state of provision agent ag					81	Name	IQ. Hamb and Address Of New A	edistated whatit	
603 MATHIS ROAD 6 C1 MATH is RoAd JACKSONVILLE FL 32211 83 84 CRy FL 85 Ze Code 1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the access named corporation submits this statement for the purpose of changing its registered algority of sections 607.0505. Florida Statutes the access in early accessing the displayment of board of directors. I hereby sceept the appointment as registered algority of the provisions of Sections 607.0505. Florida Statutes the accessing the displayment of the purpose of changing its registered algority. I am for the provision of Sections 607.0505. Florida Statutes the accessing the displayment accessing the appointment as registered algorit. I am for the provision is provided to the provision of	GRAY,	DAVID F	. •	,	82	Street Add	ress (P.O. Box Number is Not Acceptab	le\	
B4 City FL 85 Zip Code 1. Flussalit 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 nereby accept the appointment as registered agent. I semi-timely well, and accept the chapterion 670,0505, Florida Statutes. SCHATURE STATE OF THE PROVIDENCE OF THE PURPOSE OF THE	603 M/	athis road		ROAD		Oli Coli Fido	1035 (Fig. 2007 For For For Acceptab		
1. 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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment ex registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of agent in a purpose registered agent. I am for the purpose of agent in a purpose agent	JACKS	ONVILLE FL 322	:11		83				
1. PAVES-BRIT to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-hammed cooperation submits this statement for the purpose of changing list registered office or registered again, 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 corporation when renating to the purpose of changing list registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation's board dayor registered agent. I am accept the appointment as registered agent. I am corporation accept the appointment as registered agent. I am corporation accept the appointment as registered agent. I am accept the appointment accept the appointm					84	City		 85 Z	p Code
Consider with, and a coops the chilginions of, Section 667-0565, Fonds Statutes CENATURE Consideration C	1. Physiant to	the provisions of S	ections 607 0502 and 603	7 1508 Florida Statuta	o the should r	amad same	rotion or horizo this state was first		
GRAY, DAVID GRAY, DAVID GOVERNME GOVERNME GRAY, SUSAN GRAY, SUSAN GRAY, SUSAN GRAY, SUSAN GOVERNME GRAY, SUSAN GOVERNME GOVER	2.	lyndure, typed or printed r		TORS		t signature require	d when reinstaling) ADDITIONS/CHANGES TO OFFI		ORS IN 12
BELLEADRESS 604 MATHIS RD 13 STREET ADDRESS 14 CHTY-ST-ZIP		. –	•	DELETE				☐ Change	☐ Addition
Delete	+	,				ADDRECC			
DELETE 2 1 THLE Change Addition GRAY, SUSAN GOA MATHIS RD 23 SIRRET ADDRESS DATA CHANGES ADDRESS DELETE 3 1 THLE 2 Change Addition MR 32 NAME 32 NAME 33 SIRRET ADDRESS ADDRES	1								
BELLADORESS OF STORY ACKSONVILLE, FL 00000 23 SIRRET ADDRESS 23 SIRRET ADDRESS 31 SILLE 32 NAME 32 NAME 33 SIRRET ADDRESS 34 DITY: ST-ZIP DELETE 41 BILLE Change Addition ACCIONAL ADDRESS AS SIRRET ADDRESS AD		_		DELETE				☐ Change	Addition
Y S 7P	Mí				22 NAME				
DELETE DELETE 3 1 Tifle Change Addition						1			
32 NAME 32 NAME 33 STREET ADDRESS IN ST-ZIP LE		JACKSONVI	LLE, FL 00000	DELETE		I - ZiP		Change.	CT Addition
33 STREET ADDRESS IV ST-ZIP ILT DELETE 4.1 THLE 4.2 NAME 42 NAME 43 STREET ADDRESS IV-ST-ZIP ILT DELETE 4.1 THLE Change Addition ACTIV-ST-ZIP ILT DELETE 5.1 THLE Change Addition Addition ME 5.2 NAME 5.3 STREET ADDRESS IV-ST-ZIP ILT DELETE 5.1 THLE Change Addition Addition ME 5.2 NAME 5.3 STREET ADDRESS IV-ST-ZIP ILT DELETE 6.1 THLE Change Addition Addition ME 6.2 NAME 6.3 STREET ADDRESS IV-ST-ZIP 4. Lido 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 report of section annual report or supplemental annual report is true and accurate and that my signature shall have the report of section and accurate and that my signature shall have the report of section and accurate and that my signature shall have the report of section and accurate and section and section and section are signature shall have the report of section and section and section are signature shall have the section of section and section and section are signature shall have the section of section and section are signature shall have the section and section are shall have the section and s				Doctor				☐ cuange	Agaillon
DELETE 4.1 TifLE	REST ADDRESS					ADDRESS			
ME 42 NAME 42 NAME 43 STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP DELETE 5.1 THLE Change Addition ME 52 NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 6.1 THLE Change Addition ME 62 NAME 62 NAME 62 NAME ME 62 NAME 64 CITY-ST-ZIP L. 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 record or supplemental annual record accurate and that my signature shall have the cores were defect or if and or supplemental annual record for the programme shall have the cores were set of feet or if and or supplemental annual record is to the and accurate and that my signature shall have the cores were defect or if and or supplemental annual record is to the and accurate and that my signature shall have the cores were defect or if and or the cores were defect or if and or the cores were defect or if and or the core in that the information indicated on this annual record or supplemental annual record is the and accurate and that my signature shall have the cores were defect or if and or in the cores were defect or if and or in the cores were defect or if and or in the cores were defect or if an or in the cores were defect or if and or in the cores were defect or if and or in the cores were defect or if and or in the cores were defect or if and or in the cores were defect or if an or in the cores were defect or if an or in the cores were defect or if an or in the cores were defect or if an or in the core in the co					3 4 CITY-S	1-ZIP			
#RET ADDRESS ITY-ST-ZIP ### ### ### ### #### ###############				☐ DELE16				☐ Change	Addition
THE ST-ZIP LE DELETE 5.1 THE DELETE 5.1 THE DELETE 5.2 NAME SET LA CHEESS 1.2 STREET ADDRESS 1.2 STREET AD						ADDDEGO			
DELETE 5.11/ILE									
## 52 NAME ## 51 ADDRESS Y-\$1-ZIP				DELETE		411		☐ Chanoe	Addition
STATE STAT	ME .				5.2 NAME				
DELETE 6.1 TIFLE GRANDE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 6.1 To the extra control to 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 record or supplemental annual ground is true and accurrate and that my signature shall have the series designed and the series of the state of th					5 3 STREET	ADDRESS			
ME 62 NAME 62 NAME 63 STREET ADDRESS Dr. ST-ZIF 1. Tdo 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 record or supplemental annual ground is true and accurrate and that my signature shall have the same tend offert as it and a recurrate and that my signature shall have the same tend offert as it and a recurrate and that my signature shall have the same tend offert as it and a recurrate and that my signature shall have the same tend offert as it and a recurrate and that my signature shall have the same tend offert as it and a recurrate and that my signature shall have the same tend of				T OUGH		- ZIP			F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
63 STREET ADDRESS (Y-ST-ZIP 4. 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 record or supplemental annual ground is true and accurate and that my signature shall have the same legical and a record of the first and accurate and that my signature shall have the same legical and a record of the first and accurate and that my signature shall have the same legical and a record of the first and accurate and that my signature shall have the same legical and a record of the first and accurate and that my signature shall have the same legical and a record of the first and accurate and that my signature shall have the same legical and a record of the first and a record of the	-			□ otrese				[_] Change	
64 CITY-SI-ZIF 4. 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 record or supplemental annual record is true and accurate and that my signature shall have the carrier bad office and trade under	1					ADDRESS			
4. 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 record or supplemental annual record is true and accurate and that my signature shall have the same local effect and mode under	TY-\$1-ZIP				6.4 C(TY - S	-ZIP			
	 I do hereby certify that the 	certify that the infor	mation supplied with this attended to this applied with the	filing is voluntarily furni	shed and does	not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statu	tes. I further

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME ON SIGNING OFFICER OR DIRECTOR

904-744-1255