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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORA			State		Secretary of State	
DOCUM 1. Corporation AIKENHI	MENT # G7 EAD & ODOM, INC	7489	(4)			P HADANI DAN NADIN IDAN KIDAN KANILI IBN ANDIL BYAN HINI AHAN DIRIK DIRIK NUDI	
Principal Place of Business 5730 BOWDEN AD STE 200 JACKSONVILLE FL 32216 US		5730 BOV STE 200 JACKSON	Mailing Address 5730 BOWDEN RD STE 200 JACKSONVILLE FL 32216 US			DO NOT WRITE IN THIS SPACE	
	ce of Business		Address			3. Date Incorporated or Qualified 12/30/1983 4. FEI Number Applied For 59-2368149 Not Applical	ole
Suite, Apt. #,	etc.	Suite, /	Apt. #, etç.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City 8 :	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	\exists	
AIKENHEAD, M. NEIL II C/O AIKENHEAD & ODOM, INC. 5730 BOWDEN RD, STE 200 JACKSONVILLE FL 32216			82		ldress (P.O. Box Number is Not Acceptable)		
1				84	City	FL 85 Zip Code	\exists
11. Pursuant to office or reg agent. I am	the provisions of Section pistered agent, or both, in familiar with, and accept	s 607.0502 and 607.1508, the Stale of Florida. Such the obligations of, Section	Florida Sta tutes, th change was author 607.0505, Florida	e abov ized by Statute:	e-named cor the corpora s.	prporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	id
SIGNATURE S	gnature, typed or printed name of r	registered agent and tibe if applicable	o (NOTE Regi	stered Ap	ent signature req	gured when reinstating) DATE	-
12.	OFFI	CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\exists
NAME STREET ADDRESS	AKENHEAD, M. NEII 5730 BOWDEN RD,			I.1 TITLE I.2 NAME I.3 STREET	ADDRESS	∟ Change ∟ i Additi	on
CITY-ST-ZIP	JACKSONVILLE FL			.4 CITY - S	T-ZIP		[8
NAME STREET ADDRESS CITY-ST-ZIP	ST AKENHEAD, PATRIC 5730 BOWDEN RD, JACKSONVILLE FL		2	I.1 TITLE I.2 NAME I.3 STREET I. 4 CITY-1	ADDRESS	Change L Additi	on C
TITLE NAME STREET ADDRESS CITY-SI-ZIP	EVP ODOM, FRED C. 5730 BOWDEN RD, JACKSONVILLE FL		DELETE 3	.1 TITLE 1.2 NAME	ADDRESS	☐ Change ☐ Additi	on
NAME STREET ADDRESS			DELETE 4	.1 TITLE . 2 NAME .3 STREET	ADORESS	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS			DELETE 5		ADDRESS	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE 6	.4 CITY-S .1 TITLE .2 NAME .3 STREET .4 CITY-S	ADDRESS	☐ Change ☐ Additi	on

14. I 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 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 of 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 of an attachment with an address.

FILED

Mar 27 1998 8:00am