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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

FILED May 12 1997 8:00am Secretary of State

Principal Place of Business B553 ARGYLE BUSINESS LOOP JACKSONVILLE FL 32244 TO 497 (2) (2) (2) (4) (5) (6) (6) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9							
U\$	A 16 96677	US US			3. Date Incorporated or Qualified		
2. Principa: Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2370915		Applied For Not Applicable
Suite, Apt.	#, eta	Suite, Apt. #, etc.			6. Certificate of Status Desired		75 Additional e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		
23 Zip 24	Gountry 25	Zip 29	Cour 30	ntry	8. This corporation has liability for		
	9. Name and Address of Cu				10. Name and Address of New R	egistered Agent	
KOHLER, CHARLES A 8553 ARGYLE BUSINESS LOOP SUITE 5 JACKSONVILLE FL 32244				81 Name 82 Street Add 83 City	ddress (P.O. Box Number is Not Acceptable)		
SIGNATURE	Standing type a or printed name of register	os agera ano fille il applicable. (f	VOTE Registered		poration submits this statement for the tion's board of directors. I hereby acceured when reinstating)	DATE	
12.	OFFICERS DP	S AND DIRECTORS DELETE	13.	1 F	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
NAME STRICE LADORESS OFY: SE-Zip	KOHLER, CHARLES A. 8553 ARGYLE BUSINESS JACKSONVILLE FL	_	1.2 NA 1.3 STI	i .		L. Vila	ngo E radillon
THEF NAME STREET ADDRESS		DELETE	2 1 TIT 2.2 NA	LE		☐ Cha	nge Addition
C:TY-ST ZiP				TY-ST-ZIP			
TITLE NAME		DELETE	3.1 TIF 3.2 NA	ĺ		· [_] Cha	nge Addition
STREET ADDRESS CHY+S1+Zi2				REET ADDRESS			
HILE NAM:	:	DELETE	41 TIT	ILE	- Land - Manager - Land	Cha	nge Addition
STREET ADDRESS:			4 3 ST	REET ADDRESS			
CITY: ST: ZIP TITLE NAME STHEET ASIGNESS		DELETE	5.1 TIT 5.2 NA	TLE .	(☐ Cha	nge 🔲 Addition
CHY-S1-76° THUE NAME		DELETE	6.1 TIT 6.2 NA	AME	A	Cha	nge Addition
STHEFT ADDRESS ONLY ST ZIP	by certify that the information sur	oplied with this filing does not a	6.4 CiT	TY-ST-ZIP	ed in Section 119 07(3)(i), Florida Statut	es. 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 coructarion or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if qualities, or on an attainment with an address

SIGNATURE: