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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

H22191

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## ROBERT C. STITES ## ROB	MOTIC	AN O GALOON INO.								
Settle SAN JUAN AVE JACKSONVILE FL 3210 2. Principal Florace of Excitations 3. South C. April 7, etc. 3. Country 3. South C. April 7, etc. 3. Date of Learning Excitations 3. South C. April 7, etc. 3. Excitations and Excitations 4. Excitations and Excitations 5. Control 7, etc. 4. Excitations and Excitations 5. Control 7, etc. 4. Excitations and Excitations 5. Control 7, etc. 6. Excitation Company Florace of Sections 5. South C. April 7, etc. 5. Control 7,	Principal Place o	of Business	Mailing Address				- - 1 100 0 0 4 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	ALMI 3101 MEDIE MIGHT MINET	BIDIO BIBIL BIBIL INGI	
2. Principal Place of Business 2. Melling Address 2. South April 4, rick 2. South 2. South April 4, rick 2. South 2. Sou	6419 SAN JUAN AVE.		6419 SAN JUAN AVE.	6419 SAN JUAN AVE.						
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Size April, vic. 27 City & State 28 City & State 29 Country 27 Country 27 Country 37 Country 37 Country 38 This corporation is establish for intergible tax under a 193 032 Florid Shaddow to Fees Peaqueted 85,00 May Bo Trust Find Contribution Tru		ce of Business	} —¬							
27		. etc.					1	\$8.7	75 Additional	
28	22		 				5. Certificate of Status Desired			
Zo	City & State						1			
9. Name and Address of Current Registered Agent STITES, ROBERT C. 8480 RUCKMAN AVE. JACKSONVILLE FL 32221 83 84 Oily 85 Dec Address (P.O. Box Number is Not Acceptable) 85 Typ Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stathtes, the above named corporation submits this statement for the purpose of changing its repstered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's Loard of directors. Thereby accept the appointment as registered agent. I am familiar with a red registered agent and the florida State framework Statutes. SIGNATURE DECER NOT DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-51. ZPP 15. TITES, ROBERT C. STITES, ROBERT C. S	Zip	— ´	Zip	<u> </u>			8. This corporation has liability for intangible tax under s 199.032,			
STITIES, ROBERT C. 8480 RUCKMAN AVE. JACKSONVILLE FL 32221 44 City 45 City FL 85 Zip Code 15. Pursuant to the provisions of Sections 607,0502 and 607 1508, Florida Statutes, the above harmed corporation submits this statement for the purpose of charging its replatered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's broard of directors. I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Sections 607,0505, Florida Statutes SIGNATURE SIGNATURE SITIES, ROBERT C. 12 NAME SITIES, ROBERT C. 4840 RUCKMAN AVE. 12 STITES, ROBERT C. 8450 RUCKMAN AVE. 12 STITES, ROBERT C. 8450 RUCKMAN AVE. 13 STITES ARREN H. 27 NAME STITES, KAREN H. 27 NAME STITES, KAREN H. 28 STITES, KAREN H. 28 STITES, KAREN H. 29 NAME 33 STIRET ADDRESS CITY 51-7P 1016 1017 1016 1016 1016 1016 1017 1017 1017 1018 10	<u></u>			1301	I		<u> </u>			
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Background Bac					82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
1. Pursuant to the provisions of Sections 607.0502 and 607.1506. Florids Statutes, the above named corporation Satirutes this statement for the purpose of changing its registered diffice for registered agent, or both, in this State of Florids Such change was authorized by the corporation's Iroard of directors. I hereby accept the appointment as registered agent. I am registered agent in an acceptation of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent in a provision of the purpose of changing its registered agent. I am registered agent. I a					83		 			
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Signature transform prior and collegations agent and bit displaced. PROTE They sheet Agent services where investidating DATE	or registere	d agent, or both, in the State of Flor	ida. Such change was authorize	s, the abo d by the c	ive-na corpo	amed corpora oration's board	tion submits this statement for the put of directors. I hereby accept the app	rpose of changing its ointment as register	s registered office ed agent. I am	
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THE	S	Ignature, typed or printed name of registered age:	r and tide if applicable (NOT		Agent	signature required				
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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: SULLE STATES (KARES 11. St. tes) 4-8-96

904-786-6969