Database     Date     Date       12     OFFICERS AND DIRECTORS     13       11.4     PD     DELETE       11.4     MULLS, CLAUDE L.     12 NAME       12.6     ACKSONVILLE FL 32210     13 STREET ADDRESS       13.6     JACKSONVILLE FL 32210     14 DIV-SI-ZaP       VD     DELETE     21 TITLE       13.6     GORDON, R.W.     22 NAME       30.4     GORDON, R.W.     23 STREET ADDRESS       31.4     JACKSONVILLE FL     24 OLY-SI-ZaP       VD     DELETE     21 TITLE       14.6     GORDON, R.W.     23 STREET ADDRESS       31.7     S.D.     DELETE       31.7     JACKSONVILLE FL     24 OLY-SI-ZaP       VD     DELETE     31 TITLE       31.7     JACKSONVILLE FL     24 OLY-SI-ZaP       VD     DELETE     31 STREET ADDRESS       31.7     JACKSONVILLE FL     24 OLY-SI-ZaP       VD     DELETE     31 STREET ADDRESS       JACKSONVILLE FL     32 STREET ADDRESS       JACKSONVILLE FL     34 OLY-SI-ZaP       VD     DELETE <td< th=""><th>PROFIT CORPORATION ANNUAL REPORT <b>1997</b></th><th>Bandra B. Secretar</th><th>TMEN1 OF STATE • Mortham y of State :ORPORATIONS</th><th>Apr 09 19 Secreta</th><th>997 8:00 ry of Sta</th><th></th></td<>	PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	Bandra B. Secretar	TMEN1 OF STATE • Mortham y of State :ORPORATIONS	Apr 09 19 Secreta	997 8:00 ry of Sta	
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City & State       24       City & State       Election Campaign Financing       \$5.00 May be Added to Fees         Zip       22       23       23       Find Statutes       Vis       None and Address of Current Registered Agent         MULLIS, CLAUDE L       1       1       Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         MULLIS, CLAUDE L       1       1       Name       10. Name and Address of New Registered Agent         JACKSONVILLE FL 32210       33       28       Stried Address (P.O. Box Number is Not Acceptable)         JACKSONVILLE FL 32210       34       City       FL       5       29       20       20         JACKSONVILLE FL 32210       34       City       FL       5       20 <td>Suito, Apt ≇, etc.</td> <td>Suite, Apt. #, elc.</td> <td><u> </u></td> <td>······································</td> <td>58.75 Ad</td> <td>ditional</td>	Suito, Apt ≇, etc.	Suite, Apt. #, elc.	<u> </u>	······································	58.75 Ad	ditional
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Image and Address of Current Registered Agent     Yes     No       NULLIS, CLAUDE L     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       NULLIS, CLAUDE L     11. HERSCHEL ST     10. Name and Address of New Registered Agent       NULLIS, CLAUDE L     11. HERSCHEL ST       100     JACKSONVILLE FL 32210     12. Street Address (PO. Box Number is Not Acceptable)       11. Forsault to the provisions of Sectors 607 0500 and 607 1558. Funda Statutes, the above named corporation submits this statement for the purpose of changing is registered agent, in the State of Modula Such Chango was authored by the corporation Submits this statement for the purpose of changing is registered agent, in the State of Modula Such Chango was authored by the corporation Submits this statement for the purpose of changing is registered agent, in the State of Modula Such Chango was authored by the corporation Submits this statement for the purpose of Change State of Corporation Submits agent a		· · · · · · · · · · · · · · · · · · ·	Country	~·		
NULLIS, CLAUDE L. 4114 HERSCHEL ST 100 JACKSONVILLE FL 32210     1     1     Name       4     Otiv     5     Street Address (P.O. Box Number is Not Acceptable)       44     Otiv     FL     85       45     Otiv     FL     86       46     Otiv     FL     85       47     Otiv     FL     85       48     Otiv     FL     85       49     Otiv     FL     85       40     Otiv     FL     85       41     Otiv     FL     85       42     Otiv     FL     85       43     Otiv     FL     85       44     Otiv     FL     85       45     Otiv     FL     85       46     Otiv     FL     85       47     Otiv     FL     85       48     Otiv     FL     85       49     Otiv     FL     11       41     PO     OFFICE RS AND DIFECTORS IN 12     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12       42     FL     11     11     12       41     OGRON, R.W.     ESTAND DIFECTORS IN 12     Otivers 2       42     Street Address     OofFICERS AND DIFECTORS IN 12       43 </td <td></td> <td></td> <td>30</td> <td></td> <td></td> <td></td>			30			
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JACKSONVILLE FL 32210			82 Street A	Address (P.O. Box Number is Not Acceptat	))e)	
I. Pursuant to the processing of Societions 607.0502 and 607.1508. Florida Statutes, the showe harned corporation submits this statement for the purpose of charging its registered eigent 1 and four acry with, and accept the obligations of, Section 607.0505, Florida Statutes  IGNATURE			83			
11. Functional to the provisions GO2 (SO2) and GO7 1508, Floridal Statutes, the above named composition submit this statement for the purpose of changing its registered eight of the changing its registe			84 City		EI 85 Zip Co	ode
PD     DELETE     1:1 TITLE     DELETE       MULLIS, CLAUDE L.     12 NAME       A11 AUDI-SIS     4215 TIMUOUANA ROAD       JACKSONVILLE FL 32210     14 DELETE       VO     DELETE       JACKSONVILLE FL     23 STREET ADDRESS       JACKSONVILLE FL     24 OITY-SI-ZP       VINAR     33 STREET ADDRESS       JACKSONVILLE FL     DELETE       JAC	The Fullsaanie to the provisions of occours			corrocration submits this statement for the r	withher of changing ite i	registered
Her Auherss 4215 TİMUQUANA ROAD JACKSONVILLE FL 32210 14 LI O O O O O O O O O O O O O O O O O O O	agent 1 an fam liar with, and accept siGNATURE	the State of Florida Such change was a the obligations of, Section 607.0505, Flo resident agent and too it applicable (NOTE	authorized by the corp prida Statutes.	ioration's board of directors,   hereby acception acception of the state of the sta	pt the appointment as re	egistered
If S 5: 2P     JACKSONVILLE FL 32210     14 CITY-S1-ZIP       If B     O     DELETE     21 TILE       AME     GORDON, R.W.     23 STREET ADDRESS       If S 1: 2P     24 CITY-S1-ZIP       JACKSONVILLE FL     24 CITY-S1-ZIP       If S 1: 2P     31 TITE       If S 1: 2P     32 STREET ADDRESS       JACKSONVILLE FL     32 STREET ADDRESS       JACKSONVILLE FL     33 STREET ADDRESS       JACKSONVILLE FL     34 CITY-S1-ZIP       If S 0 GULF LIFE TOWER     42 NAME       JACKSONVILLE FL     42 NAME       JACKSONVILLE FL     42 NAME       JACKSONVILLE FL     42 NAME       JACKSONVILLE FL     S1 TITE       JACKSONVILLE FL     S2 NAME       JACKSONVILLE FL     S2 NAME       JACKSONVILLE FL     S2 NAME       JACKSONVILLE FL     S2 NAME       JACKSONVILLE FL     S3 STREET ADDRESS       JACKSONVILLE FL     S3 STREET ADDRESS   <	agent 1 an familiar with, and accept 3 GGNATURE 3. Signatur, spector protocounced re 2. OFFIC 1.F <b>PD</b>	the State of Florida, Such change was a the obligations of, Section 607.0505, Flore reported agent and too it applicable (NOTE CERS AND DIRECTORS	authorized by the corp orida Statutes. • Registered Agent signature 13.	ioration's board of directors,   hereby acception acception of the state of the sta	DATE DATE CERS AND DIRECTORS	egistered
AFE     GORDON, R.W.     22 NAME       6343 WOOD VALLEY RD.     23 STREET ADDRESS       JACKSONVILLE FL     2 dorty-st-ZP       ULE     SD     DELETE       SD     DELETE       MAKE     WCKERSHAM, RALPH       HEEL ADDRESS     JACKSONVILLE FL       JACKSONVILLE FL     33 STREET ADDRESS       JACKSONVILLE FL     34 CITY-ST-ZIP       JACKSONVILLE FL     33 STREET ADDRESS       JACKSONVILLE FL     34 CITY-ST-ZIP       JACKSONVILLE FL     34 CITY-ST-ZIP       JACKSONVILLE FL     DELETE       JACKSONVILLE FL     34 CITY-ST-ZIP       JACKSONVILLE FL     JACKSONVILLE FL       JACKSONVILLE FL     DELETE       JACKSONVILLE FL     Change       JACKSONVILLE FL     Addition       AMF     UVERMORE, DANIEL U.       JACKSONVILLE FL     43 STREET ADDRESS       JACKSONVILLE FL     44 CITY-ST-ZIP       JACKSONVILLE FL     S3 STREET ADDRESS       JACKSONVILLE FL     Change       JACKSONVILLE FL     S3 STREET ADDRESS	agent 1 an fam iar with, and accept 5 SIGNATURE Bigestin, selector protectione of ne 2. OFFIC 11.F PD MULLIS, CLAUDE L.	the State of Florida Such change was a the obligations of, Section 607.0505, Flore replaced agent and tick it applicable (NOTE CERS AND DIRECTORS	Registered Agent signature           13.           1.1 TIFLE           1.2 NAME	ioration's board of directors,   hereby acception acception of the state of the sta	DATE DATE CERS AND DIRECTORS	egistered
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SD     DELETE     31 TITLE       MARE     WICKERSHAM, RALPH     32 NAME       MARE     VICKERSHAM, RALPH     32 NAME       HEELT ADORESS     4850 ORTEGA FOREST DR.     33 STREET ADORESS       JACKSONVILLE FL     34 CITY-ST-ZIP       HEELT ADORESS     34 CITY-ST-ZIP       HEELT ADORESS     34 CITY-ST-ZIP       HEELT ADORESS     34 CITY-ST-ZIP       HEELT ADORESS     1750 GULF LIFE TOWER       JACKSONVILLE FL     42 NAME       HEELT ADORESS     1750 GULF LIFE TOWER       JACKSONVILLE FL     44 CITY-ST-ZIP       TD     IX STREET ADORESS       JACKSONVILLE FL     44 CITY-ST-ZIP       MULLIS, DAVEY M     S33 STREET ADORESS       JACKSONVILLE FL     44 CITY-ST-ZIP       MULLIS, DAVEY M     S33 STREET ADORESS       JACKSONVILLE FL     51 TITLE       MULLIS, DAVEY M     S33 STREET ADORESS       JACKSONVILLE FL     53 STREET ADORESS       JACKSONVILLE FL     53 STREET ADORESS       JACKSONVILLE FL     Change       JACKSONV	agent 1 an fam liar with, and accept 50GNATURE 50GNATURE 2. OFFIC 11.F PD MULLIS, CLAUDE L. 4215 TIMUQUANA RO/ JACKSONVILLE FL 322 10.F VD COPDONL D.W	the State of Florida Such change was a the obligations of, Section 607.0505, Flo reported agent and too it applicable (NOTE CERS AND DIRECTORS	Hegistered Agent signature     Hegistered Agent signature     13.     1.1 TIFLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP     2.1 TIFLE	ioration's board of directors,   hereby acception acception of the state of the sta	DATE DATE CERS AND DIRECTORS	IN 12
wickErsham, RALPH 4850 ORTEGA FOREST DR. JACKSONVILLE FL     32 NAME 33 STRET ADDRESS JACKSONVILLE FL       D     DELETE       Aute       IVY-SI-2#       IVY-SI-2#       IVY-SI-2#       IVYERMORE, DANIEL U.       STRET ADDRESS       JACKSONVILLE FL       STRET ADDRESS       JACKSONVILLE FL       VIV-SI-2#       VIV-SI-2#       VIV-SI-2#       JACKSONVILLE FL       VILLIS, DAVEY M       SIME ADDRESS       SIME SINET ADDRESS       JACKSONVILLE FL       VIV-SI-2#       VILLIS, DAVEY M       SIME SINET ADDRESS       JACKSONVILLE FL       SIME SINET ADDRESS       JACKSONVILLE FL       SIME SINET ADDRESS	agort 1 an fam	the State of Florida Such change was a the obligations of, Section 607.0505, Flo CERS AND DIRECTORS	Hegistered Agent signature     Hegistered Agent signature     13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP     2.1 TITLE     2.2 NAME	ioration's board of directors,   hereby acception acception of the state of the sta	DATE DATE CERS AND DIRECTORS	IN 12
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VAME     LIVERMORE, DANIEL U.     4.2 NAME       1750     GULF LIFE TOWER     43 STREET ADDRESS       JACKSONVILLE FL     44 City-ST-ZiP       TD     MULUS, DAVEY M       STREET ADDRESS     3534 SMITHFIELD ST., APT. 1806       STREET ADDRESS     3774       JACKSONVILLE FL     54 City-ST-ZiP       MULUS, DAVEY M     53 STREET ADDRESS       STREET ADDRESS     3774       JACKSONVILLE FL     54 City-ST-ZiP       Gainesville, GA 30507-7778       HIFE     DELETE       STREET ADDRESS     63 STREET ADDRESS       STREET ADDRESS     63 STREET ADDRESS	agont 1 an fam iar with, and accept stGNATURE spectre, typester protecture of restrictions of	the State of Florida Such change was a the obligations of, Section 607.0505, Floresteed agent and to cit applicable (NOTE CERS AND DIRE CTORS DELETE AD DELETE RD DELETE	Authorized by the corp rida Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ioration's board of directors,   hereby acception acception of the state of the sta	DATE DATE CERS AND DIRECTORS Change	IN 12
Curvest Zip     JACKSONVILLE FL     44 Curvest Zip       TD     TD     Image     Addition       NAME     MULLIS, DAVEY M     52 NAME     MULLIS, LAMAR       3534 SMITHFIELD ST., APT. 1806     53 STREET ADDRESS     3774 Old Cornelia Hwy       JACKSONVILLE FL     54 Only - ST- ZiP     Gainesville, GA 30507-7778       Unit     DELETE     61 Title     Change       Street ADDRESS     SIRREET ADDRESS     Change     Addition	agent 1 an fam iar with, and accept 5IGNATURE 5IGNATURE 51GNATURE 51GNATURE 51GNATURE 7 PD 51GNATURE 51GNA	the State of Florida Such change was a the obligations of, Section 607.0505, Floresteed agent and the cit applicable (NOTE CERS AND DIRECTORS DELETE AD 210	Authorized by the corportida Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ioration's board of directors,   hereby acception acception of the state of the sta	DATE DATE CERS AND DIRECTORS Change Change Change	egistered IN 12 Addition Addition
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14. I do 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	agent 1 an fam aar with, and accept 1 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE ADDRESS SIGNATURE ADDRESS SIGNATION SI	the State of Florida Such change was a the obligations of, Section 607.0505, Flo	Authorized by the corportida Statutes.         Engistered Agent signature         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME	TD MULLIS, LAMAR 3774 Old Cornelia	DATE DATE	egistered IN 12 Addition Addition Addition Addition Addition
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	agent 1 an fam aar with, and accept 1 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFIC III.F PD MULLIS, CLAUDE 1. 4215 TIMUQUANA RO/ JACKSONVILLE FL 322 III.F GORDON, R.W. 6343 WOOD VALLEY F JACKSONVILLE FL SIGNATURE SIGNATUR	the State of Florida Such change was a the obligations of, Section 607.0505, Flo	Authorized by the corportida Statutes.         Engretered Agent signature         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6 1 TITLE         6 2 NAME         6 3 STREET ADDRESS	TD MULLIS, LAMAR 3774 Old Cornelia	DATE DATE	egistered IN 12 Addition Addition Addition Addition Addition

003: 113