

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H82986** (1)
1. Corporation Name
OLD HICKORY'S TOWN, INC.

Principal Place of Business
**2011 EUCLID STREET
JACKSONVILLE FL 32210**

Mailing Address
**2011 EUCLID STREET
JACKSONVILLE FL 32210-3328**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1985		3a. Date of Last Report 04/25/1996	
21		26		4. FEI Number 59-2589765		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TEATE, SUZANNE 3751 MONTCLAIR DRIVE JACKSONVILLE FL 32217				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. 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, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WARD, JAMES R.		1.2 NAME				
STREET ADDRESS	2011 EUCLID STREET		1.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ELLIS, GEORGE J.		2.2 NAME				
STREET ADDRESS	3831 MCGIRTS BLVD		2.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP				
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TEATE, SUZANNE		3.2 NAME				
STREET ADDRESS	3751 MONTCLAIR AVENUE		3.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POLSTON, MARY R.		4.2 NAME				
STREET ADDRESS	4256 SAN JUAN AVENUE		4.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)