

0046315

STATE OF FLORIDA
COUNTY OF ALBANY

3. Date Incorporated or Qualified
05/27/1986

4. FEI Number
59-2823061

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE		(NOTE: Registered Agent signature required when re-issuing)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	11 TITLE			
NAME	WOOD, HOWARD G.	12 NAME			
STREET ADDRESS	5196 PICKETT DR.	13 STREET ADDRESS		300002906983--5	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		-06/16/99--01101--008	
TITLE	D	21 TITLE		***150.00 (****150.00)	
NAME	WOOD, JOHN D.	22 NAME			
STREET ADDRESS	5196 PICKETT DR.	23 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP			
TITLE	D	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, PATRICIA	32 NAME			
STREET ADDRESS	5196 PICKETT DR.	33 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		41 TITLE			
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		64 CITY-ST-ZIP			

SIGNATURE: Nowell A. Woot PATRICIA JENKINS 4-24-99 904-783-9298
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)