

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J35101 (1)
1. Corporation Name
THE SY-KLONE COMPANY

Principal Place of Business
6541-1 POWERS AVE
JACKSONVILLE FL 32217

Mailing Address
P.O. BOX 550859
JACKSONVILLE FL 32255-0859
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOULD, STEPHEN A
708 N THIRD ST
JACKSONVILLE BCH FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

444 THIRD ST.

83

84 City

NEPTUNE BEACH

FL

85 Zip Code

32266

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

Stephen A. Hould STEPHEN A. HOULD

1-8-98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCD
NAME MOREDOCK, WILLIAM J.
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D ANN W ROSKITER
7400 BAYMEADOWS WAY SUITE 201
JACKSONVILLE, FL 32256

TITLE DP
NAME MOREDOCK, JAMES G.
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D MOREDOCK, DAVID J.
6541-1 POWERS AVE
JACKSONVILLE, FL 32217

TITLE VD
NAME ANDERSON, WARREN
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TSD
NAME MOREDOCK, FRANCES P
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HOULD, STEPHEN A
STREET ADDRESS 708 NORTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BROWN, DAVID
STREET ADDRESS 6541 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

David Brown

1-8-98

904448-1563

CR2E034 (10/97)