CORPO ANNUA	ROFIT ORATION LL REPORT <b>996</b>		Sandra B Secreta	RIMENT OF STATE  3. Mortham  ry of State  CORPORATIONS				
OCUM		J51029	(3)					
SOFOR		OPMENT CO.						
rincipal Place of 8177 OLD KII SUITE 4 JACKSONVILL US	NS ROAD SOUTH		Mailing Address  4215 SOUTHPOINT B SUITE 100 JACKSONVILLE FL 3		Date Incorporated or Qualifie	d <b>3a.</b> Date of	Last Rep	port
Principal Place	o of Business		2a. Mailing Address		01/09/1987 4. FEI Number	04	1/07/19 	oplied For
. Principal Place	e or bosiness		26		59-2759662			ot Applicable Additional
Suite, Apt. #,	etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee R	equired
City & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City & State		Election Campaign Financing     Trust Fund Contribution	<u> </u>		May Be to Fees
Zip	h	intry	Zip 29	Country 30	8. This corporation has liability	for intangible tax	under s	199.032,
	9. Name and Ad	dress of Current I			10. Name and Address of New	v Registered Ag	ent	
4215 SC SUITE 1 JACKSC	ONVILLE FL 322	16		83 84 City	iress (P.O. Box Number is Not Accer	FL		Code
4215 SC SUITE 1 JACKSC 11. Pursuant to or registered familiar with	OUTHPOINT BLV 100 ONVILLE FL 322 the provisions of S d agent, or both, in t, and accept the of	16 Sections 607.0502 a the State of Florida oligations of, Section	n 607.0505, Florida Statutes	82 Street Add 83 84 City es, the above-named corporation's box	oration submits this statement for the ard of directors. I hereby accept the a	FL number of chan	gion its re	edistered office
4215 SC SUITE 1 JACKSC	OUTHPOINT BLV 100 ONVILLE FL 322 the provisions of Sd agent, or both, in n, and accept the ol	16 Sections 607.0502 a	Such Grange was aurionz 607.0505, Florida Statutes distentanpicable (NO	82 Street Add 83 84 City es, the above-named corporation's box 51E Registered Agent signature require 13.	oration submits this statement for the ard of directors. I hereby accept the a	PL purpose of chan appointment as reported by the part of the part	ging its re egistered	egistered offic agent. I am
4215 SC SUITE 1 JACKSC	OUTHPOINT BLV 100 ONVILLE FL 322 the provisions of Sd agent, or both, in, and accept the ol	dections 607.0502 a the State of Florida obligations of, Scotion name of registered agent an OFFICERS AND	607.0505, Florida Statutes	82 Street Add 83 84 City es, the above-named corporation's box	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as reported by the part of the part	ging its re egistered	egistered offic agent. I am
4215 SG SUITE 1 JACKSG  1. Pursuant to or registered familiar with SIGNATURE SIZE.	OUTHPOINT BLV 100 ONVILLE FL 322 the provisions of Sd agent, or both, in, and accept the old signature, specific printed.  DP SOFORENK 8177 OLD K	nections 607.0502 at the State of Florida obligations of, Section of Pricers AND OFFICERS AND O, M.O.	Such Grange was aurionz 607.0505, Florida Statutes distentanpicable (NO	82 Street Add 83  84 City es, the above-named corporation's box 501E: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as reported by the part of the part	ging its re egistered	egistered offic agent. I am
4215 SG SUITE 1 JACKSG  1. Pursuant to or registered familiar with SIGNATURE  SITUAL STREET ADDRESS SITY-SI-ZIP	OUTHPOINT BLV 100 ONVILLE FL 322 the provisions of Sd agent, or both, in in, and accept the ol signature, tyced or printed.  DP SOFORENK 8177 OLD K JACKSONVI	nections 607.0502 at the State of Florida obligations of, Section of Pricers AND OFFICERS AND O, M.O.	Such Grange was aurionz 607.0505, Florida Statutes distentanpicable (NO	82 Street Add 83  84 City es, the above-named corporation's box 5.  51E: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	oration submits this statement for the and of directors. I hereby accept the a	FL purpose of chan appointment as re  DATE  DEFICERS AND D	ging its re egistered	egistered offic agent. I am
4215 SC SUITE 1 JACKSC  1. Pursuant to or registered familiar with SIGNATURE SITUAL STREET ADDRESS CITY-SI-ZIP UTLE VAME	OUTHPOINT BLV 100 ONVILLE FL 322 of the provisions of Sid agent, or both, in n, and accept the ol signature, typed or printed  DP SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, (1)	nections 607.0502 at the State of Florida obligations of, Scotion of Pricers AND OFFICERS AND O, M.O. SINGS RD. S.#4 LLE FL	Such change was aurional for 607.0505, Florida Statutes of the diagnostication (M. DIRECTORS	82 Street Add 83  84 City es, the above-named corporation's box bit: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	oration submits this statement for the and of directors. I hereby accept the a	FL purpose of chan appointment as re  DATE  DEFICERS AND D	ging its registered	egistered offic agent. I am RS IN 12
4215 SC SUITE 1 JACKSC 11. Pursuant to or registered familiar with	OUTHPOINT BLV 100 ONVILLE FL 322 of the provisions of Schagent, or both, in in, and accept the old Signature, tyced or printed.  DP SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, ( 4215 SOUT JACKSONVI JACKSONVI JACKSONVI JACKSONVI	elections 607.0502 at the State of Florida obligations of, Section of Florida obligations of, M.O. S.#4 LLE FL CHERYL E. HPOINT BLVD.	Such change was authorize 607.0505, Florida Statutes dishe if application (M. DIRECTORS  DELETE	82 Street Add  83  84 City  es, the above-named corporation's box  51. 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	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as re DATE DEFICERS AND D	ging its registered  DIRECTO Change	egistered office agent. I am  RS IN 12 Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12.  11/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE	OUTHPOINT BLV 100 ONVILLE FL 322 of the provisions of Sid agent, or both, in in, and accept the old Signature, tyced or printed.  DP SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, ( 4215 SOUT JACKSONVI AS	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL	Such change was aurional for 607.0505, Florida Statutes of the diagnostication (M. DIRECTORS	82 Street Add 83  84 City es, the above-named corporation's body  13. 1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-SI-ZiP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as re DATE DEFICERS AND D	ging its registered	egistered offic agent. I am RS IN 12
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12.  11/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OUTHPOINT BLV 100 ONVILLE FL 322 of the provisions of Sid agent, or both, in n, and accept the ol signature, tyred or printed DP SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. IINGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD.	Such change was authorize 607.0505, Florida Statutes dishe if application (M. DIRECTORS  DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  35  11. Title  1.2 NAME  1.3 STREET ADDRESS  1.4 City-SI-Zip  2.1 Title  2.2 NAME  2.3 STREET ADDRESS  2.4 City-SI-Zip  3.1 Title  3.2 NAME  3.3 STREET ADDRESS	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as re DATE DEFICERS AND D	ging its registered  DIRECTO Change	egistered office agent. I am  RS IN 12 Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. THE NAME STREET ADDRESS CITY-ST-ZIP	OUTHPOINT BLV 100 ONVILLE FL 322 of the provisions of Sid agent, or both, in n, and accept the ol signature, tyred or printed DP SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. IINGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD.	Such change was authorize 607.0505, Florida Statutes dishe if application (M. DIRECTORS  DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's body  50  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	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as re	ging its registered  DIRECTO Change	egistered office agent. I am  RS IN 12 Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE ASANSBACHE ASANSBACHE ANSBACHE	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL	Statutes 607.0505, Florida Statutes d she if application (NO DIRECTORS  DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  35  11. Title  12. NAME  13. STREET ADDRESS  14. City-SI-Zip  2. Title  2.2 NAME  2.3 STREET ADDRESS  2.4 City-SI-Zip  3. Title  3.2 NAME  3.3 STREET ADDRESS  3.4 City-SI-Zip  4. Title  4.2 NAME	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as re	ging its registered  DIRECTO  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. THE NAME STREET ADDRESS CITY-S1-ZIP THE NAME STREET ADDRESS	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE ASANSBACHE ASANSBACHE ANSBACHE	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL R, BARRY B. HPOINT BLVD.	Statutes 607.0505, Florida Statutes d she if application (NO DIRECTORS  DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  35  11. Title  12. NAME  13. STREET ADDRESS  14. City-ST-ZIP  2. Title  22. NAME  23. STREET ADDRESS  24. City-ST-ZIP  3. Title  32. NAME  33. STREET ADDRESS  34. City-ST-ZIP  4. Title	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as re	ging its registered  DIRECTO  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT AS ANSBACHE 4215 SOUT	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL R, BARRY B. HPOINT BLVD.	Statutes 607.0505, Florida Statutes d she if application (NO DIRECTORS  DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  31. Title  1.2 NAME  1.3 STREET ADDRESS  1.4 City-SI-Zip  2.1 Title  2.2 NAME  2.3 STREET ADDRESS  2.4 City-SI-Zip  3.1 Title  3.2 NAME  3.3 STREET ADDRESS  3.4 City-SI-Zip  4.1 Title  4.2 NAME  4.3 STREET ADDRESS  3.4 City-SI-Zip  4.1 Title  4.2 NAME  4.3 STREET ADDRESS  4.4 City-SI-Zip  5.1 Title	oration submits this statement for the and of directors. I hereby accept the and when renstating ADDITIONS/CHANGES TO (	PL purpose of chan appointment as reported by the purpose of chan appointment as reported by the purpose of the	ging its registered  DIRECTOL Change  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition
4215 SC SUITE 1 JACKSC  1. Pursuant to or registered familiar with SIGNATURE  12.  ITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT AS ANSBACHE 4215 SOUT	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL R, BARRY B. HPOINT BLVD.	DIFFECTORS  DELETE  DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  35  15  11 Title  12 NAME  13 STREET ADDRESS  14 City-ST-ZIP  2 Title  22 NAME  23 STREET ADDRESS  24 City-ST-ZIP  4.1 Title  42 NAME  43 STREET ADDRESS  44 City-ST-ZIP  4.1 Title  42 NAME  43 STREET ADDRESS  44 City-ST-ZIP  4.1 Title  42 NAME  43 STREET ADDRESS  44 City-ST-ZIP	oration submits this statement for the and of directors. I hereby accept the and when renstating ADDITIONS/CHANGES TO (	PL purpose of chan appointment as reported by the purpose of chan appointment as reported by the purpose of the	ging its registered  DIRECTOL Change  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT AS ANSBACHE 4215 SOUT	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL R, BARRY B. HPOINT BLVD.	DELETE   DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  31. 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  4.2 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  4.3 STREET ADDRESS  4.4 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	oration submits this statement for the and of directors. I hereby accept the a	PL purpose of chan appointment as repair to part the part to p	ging its registered  DIRECTOL Change  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT AS ANSBACHE 4215 SOUT	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL R, BARRY B. HPOINT BLVD.	DIFFECTORS  DELETE  DELETE	82 Street Add  83  84 City  es, the above-named corporation's book  DIE: Progratized Agent signature requir  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  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	Proposition submits this statement for the ard of directors. Thereby accept the analysis of the renstating additions/CHANGES TO (	PL purpose of chan appointment as repair to part the part to p	ging its registered  DIRECTO  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition Addition
4215 SC SUITE 1 JACKSC  11. Pursuant to or registered familiar with SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUTHPOINT BLA  100  ONVILLE FL 322  o the provisions of S d agent, or both, in n, and accept the ol  Signature, bred or printed  DP  SOFORENK 8177 OLD K JACKSONVI SVP SASSARD, 0 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT JACKSONVI AS ANSBACHE 4215 SOUT AS ANSBACHE 4215 SOUT	ections 607.0502 a the State of Florida bigations of, Section OFFICERS AND O, M.O. INGS RD. S.#4 LLE FL CHERYL E. HPOINT BLVD. LLE FL R, LEWIS HPOINT BLVD. LLE FL R, BARRY B. HPOINT BLVD.	DELETE   DELETE	82 Street Add  83  84 Oity  es, the above-named corporation's book  DIE Registered Agent signature requir  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  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  5.1 TITLE  5.3 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	Proposition submits this statement for the ard of directors. Thereby accept the analysis of the renstating additions/CHANGES TO (	PL purpose of chan appointment as repair to part the part to p	ging its registered  DIRECTO  Change  Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition Addition