## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

J81522

(1)

| City & State  City & State  Z8  Zip  Country  Zip  Country  Zip  Sy, Name and Address of Current Registered Agent  GRESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL 32210  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cornor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's befamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and bloid ayakcable (NOTE Registered Agent signature feet)  12. OFFICERS AND DIRECTORS  13.  IITLE  PVS  GRESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  1.1 TITLE  1.2 TITLE  1.3 STREET ADDRESS  1.4 City-ST-ZIP  JACKSONVILLE FL  1.1 TITLE  1.2 TITLE  1.3 STREET ADDRESS  1.4 City-ST-ZIP  JACKSONVILLE FL  1.1 TITLE  1.2 TITLE  1.3 STREET ADDRESS  1.4 City-ST-ZIP  JACKSONVILLE FL  1.4 City-ST-ZIP  JACKSONVILLE FL  1.5 TITLE  1.5 TITLE  1.6 TITLE  1.6 TITLE  1.6 TITLE  1.7 TITLE  1.7 TITLE  1.8 TITLE  1.9 TITLE  1.1 TITLE  1.1 TITLE  1.2 TITLE  1.4 City-ST-ZIP  1.5 TITLE   | oard of directors. I hereby accept the appointment as registered agent, I am  |
|--|---|
| MIDDLEBURG FL 32050-8286  MIDDLEBURG FL 32050-8286  MIDDLEBURG FL 32050-8286  MIDDLEBURG FL 32050-8286  2a. Mailing Address 2b. Suite, Apt. #, etc. 27  City & State 27  City & State 28  Zip Country 25  9. Name and Address of Current Registered Agent  GRESSEL, LINDA L. 7189 PRELUE ST. JACKSONVILLE FL 32210  81 Name  Registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bear armiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or primed name of registered agent agent and bio if applicable in PACE Registered Agent signature for 12.  OFFICERS AND DIRECTORS  13.  ITLE PVS GRESSEL, LINDA L. 7189 PRELLIE ST. 1.1 TITLE SIGNATURE  GRESSEL, LINDA L. 7189 PRELLIE ST. 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  11.1 DELETE 1.1 TITLE 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.4 CITY-ST-ZIP 1.1 TITLE 1.4 CITY-ST-ZIP 1.1 TITLE 1.5 TI | 07/01/1987  4. FEI Number 59-2848698  5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  7 Yes □ No  10. Name and Address of New Registered Agent  Address (P.O. Box Number is Not Acceptable)  FL  85 Zip Code  poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am   |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Street Agent  81 Name  RESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL 32210  82 Street A  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corror registered agent, or both, in the State of Florida. Such change was authorized by the corporation's befamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or pinted name of registered agent and tole if applicable  12. OFFICERS AND DIRECTORS  13.  ITILE  PVS  GRESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL  1.1 TITLE  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TILLE  TD  DELETE  1.4 CITY-ST-ZIP  TITLE  TO  DELETE  2.1 TITLE   | 07/01/1987  4. FEI Number 59-2848698  5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  7 Yes □ No  10. Name and Address of New Registered Agent  Address (P.O. Box Number is Not Acceptable)  FL  85 Zip Code  poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am   |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  All  Name  GRESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL 32210  B3  B4 City  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named core or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's befamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or piered name of registered agent and trie if applicable  INOTE Registered Agent signature for the component signature for | 59-2848698 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Y7 Yes No No 10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am Nord West Principles (P.O. Box Number is Not Acceptable)  12. Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  30  9. Name and Address of Current Registered Agent  81 Name  GRESSEL, LINDA L.  7189 PRELIE ST.  JACKSONVILLE FL 32210  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's befamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and their it applicable  12. OFFICERS AND DIRECTORS  13.  IITLE  PVS  GRESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  1.1 TITLE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  IITLE  TD  DELETE  2.1 TITLE   | 5. Certificate of Status Desired  |
| City & State  City & State  City & State  Zip  Zip  Country  Zip  Country  30  9. Name and Address of Current Registered Agent  61 Name  GRESSEL, LINDA L.  7189 PRELIE ST.  JACKSONVILLE FL 32210  83  84 City  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named cor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's befamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and trie if alignicable  PNOTE Registered Agent signature for 12.  OFFICERS AND DIRECTORS  13.  TILLE  NAME  GRESSEL, LINDA L.  7189 PRELLIE ST.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  LITLE  TD  DELETE  1.1 TILLE  1.2 TILLE  1.1 STREET ADDRESS  CITY-ST-ZIP  LITLE  TD  DELETE  2.1 TILLE  | Fee Required  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  7. Yes No  10. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL B5  Zip Code  poration submits this statement for the purpose of changing its registered agent. I am  poration of directors. I hereby accept the appointment as registered agent. I am  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip    | Trust Fund Contribution  Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No  10. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  poration submits this statement for the purpose of changing its registered agent. Lam  pured when reliability:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| Zip   Country   Zip   Country   Zip   30   | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent    Name and Address of New Registered Agent  |
| 9. Name and Address of Current Registered Agent  GRESSEL, LINDA L. 7189 PRELIE ST. JACKSONVILLE FL 32210  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cornor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Efamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and trief applicable.  PNOTE Registered Agent signature for 12.  OFFICERS AND DIRECTORS  13.  SIREET ADDRESS CITY-ST-ZIP  JACKSONVILLE FL  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP  JITLE TD  DELETE 2.1 TITLE 2.1 TITLE 2.1 TITLE 4.1 TITLE 4.2 TITLE 4.2 TITLE 4.3 TITLE 5.4 TITLE 5.4 TITLE 5.5 T | Florida Statutes Yes No  10. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  poration submits this statement for the purpose of changing its registered office oard of directors. Thereby accept the appointment as registered agent. Lam  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
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| GRESSEL, LINDA L. 7189 PRELUE ST. JACKSONVILLE FL 32210  82 Street A  83 84 City  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named core or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's befamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and trie if applicable.  PNOTE Registered Agent signature registered Agent and trie if applicable.  PNOTE Registered Agent signature registered Agent and trie if applicable.  12. OFFICERS AND DIRECTORS  13.  INTILE  PVS  GRESSEL, LINDA L.  7189 PRELLIE ST.  JACKSONVILLE FL  1.1 TITLE  1.3 STREET ADDRESS  DITY-S1-ZIP  DELETE  2.1 TITLE  | poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am  United when renalating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
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| 84   City  | poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent, I am  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
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| 2. OFFICERS AND DIRECTORS  13.  ITLE PVS DELETE 1.1 TITLE  IAMME GRESSEL, LINDA L. 1.2 NAME  STREFT ADDRESS 7189 PRELLIE ST. 1.3 STREET ADDRESS  DITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP  ITLE TD DELETE 2.1 TITLE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
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|  | ☐ Change ☐ Addition   |
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| STREET ADDRESS 7 189 PHELLIE ST. 2.3 STREET ADDRESS DITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP  |   |
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| ATY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality   | by for the exemption stated in Section 110 07/3/b). Florida Statistas 14 other  |