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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

City & State 6. Election Campaign Financing \$5.00 May Be	1	996	DIVISION OF C	CORPORATIONS		
Principal Place of Business Maining Address 20th COLLEGE ST JACKSONNILE FL 22004 3. Draft of Last Report 07,507 (1887 03,31/1995 1. April principal or Durating 1. April principal or Durating 2. Principal Place of Planteness 2. Principal Place of Planteness 2. April principal Planteness 2. April princip		MENT # J866	11 (7)			
ACKSONVILLE FL 32294	SHER	RILL ENTERPRISES, INC.				
ACKSONVILLE FL 32294						
ACKSONVILLE FL 32204 2. Pirrogal Place of Supress 3. Florid International Control of Supress 3. Florid Interna	Principal Place of	of Business	Mailing Address			
2. Phropal Rose of Austress 2.	2024 COLLEGE ST. 2024 COLLEGE ST.					
2. Principal Page of Educations 21 AC IS THE PROPERTY OF THE P	JACKSONV	LLE FL 32204	JACKSONVILLE FL 32	2204		
Superation Sup	w - 1 3 1 2 2 - 1 1 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3				07/30/1987	
Suffe, Agui, etc. Sum	- a/12		2a. Mailing Address	eralu Rd		• • • • • • • • • • • • • • • • • • •
Fee Required Fee						
AKEL, EDWARD C. 2001 INDEPENDENT SQUARE ONE NOTE STATES AND DESCRIPTION SQUARE OF TENDER STATES AND DESCRIPTION SQUARE OF TENDER SANDER STATES AND DESCRIPTION SQUARE OF TENDER SANDER SQUARE STATES AND DESCRIPTION SQUARE OF TENDER SQUARE SQ	22		27		5. Certificate of Status Desired	1 1
Section	City & State	sonville, FL	بارچ کارتی ہے۔ ا	ille, FL		
9. Name and Address of Current Registered Agent AKEL, EDWARD C. 2301 INDEPENDENT SOUARE ONE INDEPENDENT OR JACKSONNILE FL 32020 82 Strock Address 8° C. Uso Name and Address of New Registered Agent Ball Name ACEL, EDWARD C. 2301 INDEPENDENT SOUARE ONE INDEPENDENT OR JACKSONNILE FL 32020 84 Cry FL 85 7/n Code 11. Pursuant to the provisions of Sections 607,050/2 and 607,1568, Florida Statutes, the above remed comparation softenis has statement for the pursues of changing is registered affect or registered agent, or both in the State of Tests. Such desirate softenis has statement for the pursues of changing is registered affect or registered agent, and an account the displaced of Section School and Shadres. SIGNALUE 12. OFFICER AND DIRECTORS 13. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12 14. Intil 15. Intil 15. Intil 26. Intil	ار درد المق	1 - Tri Tri (Al	30 32211	COUNTRY UA-		
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE ONE INDEPENDENT DR JACKSONVILLE FL 32202 84	241 00011		III II	30 7 (77)		
2301 INDEPENDENT SOLIARE ONE INDEPENDENT ON INDEPENDENT ON INDEPENDENT ON INDEPENDENT ON INDEPENDENT ON INDEPENDENT ON INDEPENDENT OF SECTION OF INDEPENDENT				81 Name		
Section Control Cont				82 Street A	iddress (P.O. Box Number is Not Accentate	dei
### SHERILL, KATHERINE ####################################				83		<u>-</u>
FL Pursuant to the provisions of Sections 607,0502 and 607,1506; Florate Statutes the above named consistent of the provisions of Sections 607,0502 and 607,1506; Florate Statutes the above named consistent in submits has statement for the purpose of changing its registered officer for registered agent. I am a section of the colors through according to be appointment as registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am a registered agent in am a registered agent. I am						* ** * * * * * * * * * * * * * * * * *
or registered agent, or both, in the State of Fonds, Such change was authorized by the corporation's troord of directors. Thereby accept the appointment as registered agent. I am familian with, and accept the obligations of Science Statutes. Ford as tractions. Signature branch or predictation or registered agent to traphable. DCT. Finy about Agent agent age	0/10/10	OTTVICE TE OCCUE		84 Oity		FL 85 Zip Code
12	or registere familiar with	d agent, or both, in the State of Florid	da. Such change was authorize	s, the above named cor d by the corporation's t	poration submits this statement for the pulicard of directors. Thereby accept the app	rpose of changing its registered office ofintment as registered agent. I am
THE						
NAME SHERRILL, KATHERINE 12 NAME 13 SHEEL ADDRESS 14 CHY ST 2P 14 CHY					ADDITIONS/CHANGES TO OFF	·
STREET ADDRESS 1.3 STREET ADDRESS CITY-SI-7P JACKSONVILLE FL 1.4 CITY-SI-7P LACKSONVILLE FL 1.4 CITY-SI-7P LACKSONVILLE FL 1.5 TITLE 1.6 LEFE 2 TITLE 3 TITLE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 5 TITLE 1 TI		•	1			-
THEF	STREET ADDRESS			1.3 STHEET ADDRESS	2618 ABERCORNRO	,
THEF	CITY-ST-ZIP	JACKSONVILLE FL		1.4 CHTY+ ST - ZIP	VACKSONVIlle, FL 3221	
SIRET ADDRESS CITY-SI-ZIP TITLE DELETE 3 TITLE 4 TITLE 3 TITLE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 5 TITLE 6 TITLE 1 DELETE 1 DELET			☐ DELETE			Change Addition
City_S1-ZP						
TITLE						
NAME			DELETE			Change Addition
CHY-SI-ZP TITLE DELETE 4 TITLE Change Addition NAME STREET ADDRESS CHY-SI-ZP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CHY-SI-ZP TITLE Change Addition Change Addition Change Addition Change Addition NAME STREET ADDRESS CHY-SI-ZP TITLE Change Addition NAME STREET ADDRESS CHY-SI-ZP TITLE CHANGE TITLE CHANGE STREET ADDRESS CHY-SI-ZP TITLE CHANGE THE CHANGE THE CHANGE THE CHANGE ADDRESS CHY-SI-ZP TITLE CHANGE THE CHANGE THE CHANGE ADDRESS CHY-SI-ZP TITLE CHANGE THE CHANGE THE CHANGE ADDRESS THE CHANGE ADDRESS THE CHANGE THE CHANGE ADDRESS THE CHANGE THE CHANGE THE CHANGE THE CHANGE ADDRESS THE CHANGE THE CH	NAME			3 2 NAME		
DELETE A 1 TILLE Change Addition	STREET ADDRESS			3.3 STREET ADDRESS		
NAME SIREFI ADDRESS CITY-S1-ZIP A4 CITY-S1-ZIP A4 CITY-S1-ZIP S5 TIBLE Change Addition NAME STREET ADDRESS CITY-S1-ZIP S6 TIBLE Change Addition Change Addition Addition Addition Addition Addition Fig. 1 Tible Change Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-S1-ZIP Fig. 1 Tible Change Addition Additio			——————————————————————————————————————			
STREET ADDRESS CITY-S1-ZIP A4 CITY-S1-ZIP TITLE DELETE 5. 1 TITLE Change Addition NAME STREET ADDRESS CITY-S1-ZIP 10 DELETE 5. 1 TITLE 5. 2 NAME 5. 2 NAME 5. 3 SHEET ADDRESS CITY-S1-ZIP 10 DELETE 6. 1 TITLE 6. 1 TITLE 6. 2 NAME STREET ADDRESS CITY-S1-ZIP 14. 1 do hereby certify that the information supplied with this filing is voluntarily formished and doos not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this poor or supplied mental agricular people is true and accurate and that my signature shall have the same logal effect as if made under poor this later and officer or director of the presence of the proposers of the propo			L_) DELETE			Cusude El vacinon
CITY-S1-ZIP 11TLE DELETE 5.1 THLE Change Addition NAME STREET ADDRESS CITY-S1-ZIP 11TLE DELETE 6.1 THLE Change Addition Addition Addition NAME STREET ADDRESS CITY-S1-ZIP 11TLE DELETE 6.1 THLE Change Addition Addition Addition NAME STREET ADDRESS CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual is poort or supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this properties of the properti						•
DELETE S. 1 TILLE Change Addition						
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TRILE Change Addition Addition Addition Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under positive that I am a officer or director of the previous or the previous representation indicated in Section 119.07(3)(k), Florida Statutes. I further certify that I am a officer or director of the previous or the previous representation indicated statutes. I made under positive that I am a officer or director of the previous or the previous representation indicated statutes. I made under positive that I am a officer or director of the conversion or the previous representation in the previous re	1ITLF		☐ DELETE	5. 1 TITLE		Change Addition
CITY-ST-ZIP INTLE DELETE 6 1 THLE DELETE 6 1 THLE Change Addition AME STREET ADDRESS CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated of this annual poort or supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the power of the propovered to execute this report as unalified by Chapter 607. Florida Statutes.	NAME			5.2 NAME		
DELETE 6 1 THLE Change Addition NAME STREET ADDRESS CITY-S1-ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated or this annual good or supplied mental annual report is true and accurate and that my signature shall have the same legal effect as if made under positive that Lam an officer or director of the presence of the propowered to execute this report as manifest by Chapter 607. Florida Statutes: and that my name				•		
NAME STREET ADDRESS CITY-S1-ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated or Africa annual grood or supplied mental annual report is true and accurate and that my signature shall have the same legal effect as if made under positivitiat Lam an officer or director of the corporation or the previous representations.		e er om en men men men men er	TO DELETE			Change
STREET ADDRESS OFFY-ST-ZIP 14. Tob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on his annual groot or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ports; that I am an officer or director of the corner for or the greater or the present is true and accurate and that my signature shall have the same legal effect as if made under posts; that I am an officer or director of the greater or the greater or the present is true and accurate and that my signature shall have the same legal effect as if made under posts; that I am an officer or director of the greater or the greater or the greater or the greater of the greater of the greater or the greater of the great			□] vara at	t i		□ change □ woothell
14. It is not one of the corner of the corne						
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual groot or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under positivitial lam an officer or directly of the compression or the presence of the proposed of the compression or the presence of the proposed of the compression or the presence of the proposed of						
	14. I do hereby certify that I oath: that I	the information indicated on this annual am an officer or director of the corno	ual report or supplemental agnu preson or the regaiver or tristee	shed and does not qualitate and according to execute employments to execute	curate and that my signature shall have the	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 904-743-5346