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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ACTIOI	JMENT # N TRANSMISS		CKSONVILLE								
Principal Prace of Business ** ROGER E. WHITE 6015 MERRILL RD.			% ROG	Mailing Address * ROGER E. WHITE ***********************************			, 1421-2111 Ell 22111 19881 1916 (216)) 1957-0111 Eli 2011) 1982) 19110 1910) 1811 01817 01914 01811 51811 31917 01911 1881			
JACKSONVILI			JACKSONVILLE FL 32277-9426			Date Incorporated or Qualified	d 3a. Da	ate of Las	t Report		
							' ·		19/199	,	
2. Principa	Place of Business		2a. Mail	ing Address			01/01/1988 4. FEI Number		191 199	Applied For	
21			26	A . D .			59-2862795			Not Applicable	
Suite, Apt	t#,etc		27 Suit	e, Apt. #, etc.			6. Certificate of Status Desired			5 Additional Required	
City & Sta	ale			& State		·····	6. Election Campaign Financing			O May Be	
23			28				Trust Fund Contribution			ed to Fees	
Zφ	(Country	Zip		Coun	try	8. This corporation has liability for			or s. 199.032,	
4	25	Addraga at C	29 urrent Registered	Acont	30	····	Florida Statutes 10. Name and Address of New I	Yes [
		Address of Ci	nitelii vedisteteo	Mant		B1 Name	To. Name and Address of New I	nogistereu ,	нуот		
WHITE, ROGER E. 6015 MERRILL RD. JACKSONVILLE FL 32211							(1) (0 0 b. 1)				
						Street Ad	ddress (P.O. Box Number is Not Acceptable)				
JA	CASONVILLE FL	02211			ļī	33					
						B4 City		·····	85 Z	ip Code	
						'		FL	.	•	
agent 1	am familiar with, ar	or both, in the \$ nd accept the c	State of Florida, Subhigations of, Sec	uch change was tion 607.0505, f	authorized Iorida Statu	by the corpor tes.	orporation submits this statement for the ration's board of directors. I hereby acc	ept the app	OLIVITORI	as registered	
SIGNATURE		ited name o t register	State of Florida, Subbligations of, Sec ed agent and life if appli S AND DIRECTOR	cable (NC			ration's board of directors. I hereby acc quired when reinstating) ADDITIONS/CHANGES TO OFI	DATE			
SIGNATURE		ited name o t register	ed agent and little if appli	cable (NC	OTE Registered	Agent signature req	quired when reinstating)	DATE		ORS IN 12	
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Secretary of State