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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # K6741 Name EAD DEVELOPMENT CON	7 (1)		10-10-1		
Principal Place	e of Business	Mailing Address				Ш
4521 ATLANTIC BLVD.		4521 ATLANTIC BLVD.				
JACKSONVILLI	JACKSONVILLE FL 3220			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					02/22/1989	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied	For
21		26			59-2950397 Not App	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired See Regulre	
City & State	<u> </u>	City & State				
23	o	28			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Cou	ıntry	8. This corporation owes or has paid the current year Intangib	
24	25	29 30			Personal Property Tax due June 30. 🔲 Yes 📈 No	
	g. Name and Address of Curre	nt Registered Agent		041.1	10. Name and Address of New Registered Agent	
	MBLE, JOHN C			81 Name		
	21 ATLANTIC BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
JAL	CK\$ONVILLE FL 32207			83		
				84 City	FL 85 Zip Code	
SIGNATURE					poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regist	istered tered
	Signature, typed or printed name of registered as	gent and title if applicable (NO ND DIRECTORS	OTE: Registere	d Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TETLE	STD OFFICERS AF	DELETE	1.1 T	TLE		Addition
NAME	RUMBLE, JOHN C.		1.2 N		2:p 32:	217
STREET ADDRESS	6526 CHRISTOPHER PT. RO	D W. 1.3 S		TREET ADDRESS	,	·
CITY-ST-ZIP	JACKSONMILLE FL 32	217	1.4 00	ITY-ST-ZIP		
TITLE		DELETE	2.1 TI	TLE	☐ Change ☐	Addition
NAME			2.2 N	AME		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE	_	iTY-ST-ZIP	Change	Addition
TITLE		☐ becei£	3.1 1		L. Criange L.	Audillon
NAME CTREET ANDRECC			3.2 N	TREET ADDRESS		
STREET ADDRESS				ITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TJ		Change	Addition
NAME	•		4.2 N	IAME		
STREET ADDRESS			4.3 S	IREE1 ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	5.1 70	TLE	☐ Change	Addition
NAME			5.2 N	AME		
STREET ADDRESS				TREET ADDRESS		[
CITY-ST-ZIP		Dri Eve	_	ITY - ST - ZIP	Change	Addition
TITLE		☐ DELETE	6.1 TI		L.; Cilange L.	AUGIIIIII
NAME	•		6.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify	for the exi	TY-ST-ZIP emption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the inform	mation
indicated officer or o	on this annual report or supplemen director of the corporation or the re- or Block 13 if changed, or on an att	tal armual report is true and ac ceiver or trustee empowered to	ccuraté an o execute t	d that ny signati this report as rec	ure shall have the same legal effect as if made under oath; that I an quired by Chapter 607, Florida Statutes; and that my name appears	nan ∍in