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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K85971

(5)

WALKER & KOEGLER, P.A.

**FILED** Mar 06 1997 8:00am Secretary of State



Principal Place of Business 10151 DEERWOOD PRK 8LVD BLDG 100. SUITE 200 JACKSONVILLE FL 32256 US		P.O. BOX 5505	Mailing Address P.O. BOX 550587  JACKSONVILLE FL 32255-0587			3. Date Incorporated or Qualified  33. Date of Last Report			
						05/05/1989	1	8/1996	•
2. Principal l	Place of Business	2a. Mailing Add	dress			4. FEI Number		~	pplied For
21		26				59-2944090			ot Applicable
Suite, Apt	t #, etc	Suite. Apt. :	#, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ile	27 City & State	)			6. Election Campaign Financing		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	May Be
23		28				Trust Fund Contribution			to Fees
Zψ	Country	Zip		ountry	'	8. This corporation has liability for			s. 199.032,
24	25	29	30				Yes 🔀		
	9. Name and Address of Cu	irrent Registered Agent		81	Name	10. Name and Address of New R	egistered Ag	ent	
	COLOR OFFICE C.			01	Ivame	AMES V. WALKER			
10151 DEERWOOD PRK BLVD BLDG 100, SUITE 200				82	Street /	Address (P.O. Box Number is Not Accepta	ble)		
	CKSONVILLE FL 32256			63					
	ONDOMINEL I C OCCOU			L					· <u>···</u> ·
		$\wedge$		84	City		FL	<b>65</b> Zip	Code
SIGNATURE		ad agent and little it applicable  S AND DIRECTORS		ered Age	ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND D		RS IN 12
Title	DP		DELETE 1	1 TITLE				Change	Addition
NAME	WALKER, JAMES V.			2 NAME					
SURFEL ADDRESS		.VD, BLDG 100, STE 2	200 1.	3 STREET	ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL			4 CITY - S	T-ZIP			Change	Addition
Tille	DS			1 TITLE 2 NAME		STEVEN C. KOEGLER	L2	a Grange	L Addition
NAME STREET ADDRESS	10151 DEERWOOD PK BL	.VD. BLDG 100. STE			ADDRESS	SIEVEN C. KUEGLEK			
CITY-ST ZIP	JACKSONVILLE FL	,		4 CITY -					
1-111				1 TITLE				Change	Addition
*AME			3.	2 NAME					
SAMEET ADOMESS	,				ADDRESS				
CITY-ST ZIP				4. CITY-	ST-ZIP		г	Change	Addition
NAME		البا		1 TITLE 2 NAME			L.	7 Cuantie	C. Muudon
STREET ADDRESS			l l		ADDRESS				
C-FY-ST-Ziff				4 CITY-S					
Title			A. C. A. T. F.	1 TITLE	- <del> </del>			Change	Addition
NAM:			5	2 NAME					
STREET ADDRESS			5	3 STREET	ADDRESS				
CITY - ST - ZET	ļ			4 City - S	ST-ZIP			T 65	4.440*
TIT, F				1 TITLE			l	Change	Addition
NAME				2 NAME	ADDRESS				
STREET ADDRESS				3 STREET 4 CITY - S	ADDRESS				
CITY ST-72	1		0.	7 0111.5	21 ° 4.0	1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1			

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and sated on this annual report or supplemental annual proof is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trust elempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Daytime Prione #