## 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 # K91025

INVENTIVE SERVICES, INC.

(2)

FILED
May 06 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address					
% EDGAR W. MCCURRY, JR. 500 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250		% EDGAR W. MCCURRY, JR. 500 SOUTH THIRD \$T. JACKSONVILLE BEACH FL 32250-6624			
					3. Date Incorporated or Qualified
'	Place of Business	2a. Mailing Ad	ddress		4. FE! Number Applied For
21 3161	St. Johns Bluff Rd.S	. 26 3161 3	St. Joh	ns Bluff Ro	Rd., S. 59-2949001 Not Applicable
Sülfe, Apı. 22 Suite	#4	Suite, Apt #, etc.  27 Suite #4			5. Certificate of Status Desired See Required Fee Required
City & Stat		City & State			6. Election Campaign Financing\$5.00 May Be
	onville, Florida	28 Jackso	onville	Florida	Trust Fund Contribution Added to Fees
Zip 24 32246	Country 25	7(p 29 32246	3	Gountry 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No
	9. Name and Address of Current	Registered Ager	nt	<u>~</u>	10. Name and Address of New Registered Agent
MCCURRY, EDGAR W. JR.  500 SOUTH THIRD ST.  JACKSONVILLE BEACH FL 32250  81 Name  McCurry Edgar W. Jr.  Street Address (P.O. Box Number is Not Acceptable)  3161 St. Johns Bluff Rd., S.  83 Suite #4  84 City  Lacksonville  1 Poksonville  85 Zip Code  32246					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE Edgar W. McCurry, Jr.  Signature, typed or printed name of registered agent and title if applicable. (NOT: Begistered Agent signature required when recistains)					
12.	Signature, typed or printed name of registered agent		(NOTE	Hegistered Agent signature  18.	
TITLE	OFFICERS AND		DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	MCCURRY, JR. EDGAR W.	لحا	DELTTE	1.1 TOLE	PD KxChange Addition
NAME	500 S. 3RD ST.			1.2 NAME	McCurry, Edgar W. Jr.
STREET ADDRESS	JACKSONVILLE BCH. FL			1.3 STREET ADDRESS	1 3232 SC. Sound Digit Rais Dis Duite wa
CITY-ST-ZIP	VDS		DELETE	1.4 CHY+ST-ZIP	Jacksonville, FL 32246
TITLE	STEFANSEN, PAMELA S.		DELCTE	2.1 TITLE	VDS Addition
NAME	500 S. THIRD STREET			2.2 NAME	Stefansen, Pamela S.
STREET ADDRESS	JACKSONVILLE BCH. FL			29 STREET ADDRESS	3161 St. Johns Bluff Rd., S, Suite #4
CITY-ST-ZIP	SACROCIVILLE BUT. FL			2 4 CITY - ST - ZIP	Jacksonville, Florida 32246
TITLE		Ш	DELETE	3 1 111LE	Change Addition
NAME				3.2 NAME	
STREET ADDRESS				3 3 STREET ADDRESS	
CITY-ST-ZIP				3.4. CITY - ST - 7IP	
TITLE			DELETE	4.1 THILE	Change Addition
NAME				4 0 41444"	

CNY-S1-ZIP
 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - \$1 - 7(P

5.1 TITLE

5.2 NAME

6.1 11166

6.2 NAME

CIGNATURE. Edgar W. McCurry, Jr.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MY

DELETE

DELETE

4-16-97

904-645-6555

Change

Change

Addition