

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32228 (3)

1. Corporation Name
AMERICAN FINANCIAL PRODUCTS, INC.



Principal Place of Business

% JOHN EDGERTON
2215 RIVER BLVD
JACKSONVILLE FL 32204
US

Mailing Address

% JOHN EDGERTON
2215 ROVER BLVD
JACKSONVILLE FL 32204-4847
US

2. Principal Place of Business

21 1492 Mallard Lake Ave.
Suite, Apt. #, etc

22 City & State

23 Jacksonville, FL

24 32259 25 Country

2a. Mailing Address

26 1492 Mallard Lake Ave.
Suite, Apt. #, etc

27 City & State

28 Jacksonville, FL

29 32259 30 Country

3. Date Incorporated or Qualified

11/22/1989

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2876450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

EDGERTON, JOHN
2215 ROVER BLVD
SUITE 312
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

Young, James N.

82 Street Address (P.O. Box Number is Not Acceptable)

1492 Mallard Lake Avenue

83

84 City

Jacksonville

FL

85 Zip Code

32259

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 officer 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, Sect on 607.0505, Florida Statutes.

SIGNATURE: *James N. Young*

James N. Young, President

2/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	EDGERTON, JOHN	2215 RIVER BLVD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
PSD	YOUNG, JAMES N.	2215 RIVER RD	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSD	Young, James N.	1492 Mallard Lake Ave.	Jacksonville, FL 32259	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 or supplemental annual report 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *James N. Young* James N. Young, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)