

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

**FILED**

**Feb 17 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 # L44471 (5)**  
1. Corporation Name  
**EMPIRE TERM COMPANY**



Principal Place of Business  
**2447 SEGOVIA AVE  
JACKSONVILLE FL 32217-2626  
US**

Mailing Address  
**2447 SEGOVIA AVE  
JACKSONVILLE FL 32217-2626  
US**

3. Date Incorporated or Qualified **01/19/1990** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **59-2993743** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**KRUEGER, CHARLES  
4618 EMPIRE AVE  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>KRUEGER, CHARLES</b>	
STREET ADDRESS	<b>4618 EMPIRE AVE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DVTS</b>	<input type="checkbox"/> DELETE
NAME	<b>DUBOSE, JOHN</b>	
STREET ADDRESS	<b>2447 SEGOVIA</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DVAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CHARLES KRUEGER</b>	
1.3 STREET ADDRESS	<b>4618 EMPIRE AVE</b>	
1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32207</b>	
2.1 TITLE	<b>DPTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DUBOSE, JOHN L.</b>	
2.3 STREET ADDRESS	<b>2447 SEGOVIA AVE</b>	
2.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32217-2626</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 if changed by an attachment with an address.

SIGNATURE: *John L. Dubose* **JOHN L. DUBOSE** **FEB 4, 1997** 904-733-3483  
DATE DAYTIME PHONE #

CFR2E034 (9/96)