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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Mar 18 1997 8:00am Secretary of State

**FILED** 

	Jal Report <b>1997</b>		Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State				
1. Corporation	MENT # -NUT, INC.	L50802	(2)								
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Procapa: Plac	e of Basiness		Mailing Address	<del> </del>	_			OL BANK BLOW		AL CICIL HEAL	
C/O JAMES M. DUDLEY C/O JAMES M. 10601 THERESA DRIVE 10601 THERESA JACKSONVILLE FL 32216 JACKSONVILLE											
							3. Date Incorporated or Qualified 02/19/1990	1	e of Last R		7
	face of Business		Mailing Address	······································		<u> </u>	4. FEI Number		Ap	plied For	
Suite, Apt	#. elc:		Suite, Apt #, etc.			<del>,</del>	59-2987810		\$8.75 A	t Applicable	$\left\{ \right.$
22		27	1				5. Certificate of Status Desired		Fee Re		}
City & Stati		28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
م 2 و اموا	25	ounitry 29	- Zip ]	Cour 30	ntry		8. This corporation has liability for Florida Statutes	intangible Yes	tax under s. T No	199.032,	
24		ddress of Current Reg		30)			10. Name and Address of New Re				┨
DL	JDLEY, JAMES M	-			81	Name					7
	601 THERESA D			f	82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)			1
JA	CKSONVILLE FL	32216		}	83						┨
				l		<del></del>			···		
					84	City		FL	85 Zip (	Code	
11. Pursuant office our agent La SIGNATURE	to the previsions of registered agent, or am familiar with, and	Sections 607,0502 and both, in the State of Fig. Faccept the obligations	607.1508, Florida Statunda, Such change was of, Section 607.0505, F	utes, the ab authorized forida State	ove d by utes	e-named co the corpora s.	rporation submits this statement for the pation's board of directors. It hereby acceptions	ourpose of of the appo	changing it sintment as	s registered registered	
	je tara – "Masaras Boos,	fingles a regularization of	···		Age	nt signature req	uired when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTOR	C IN 10	1,
12.	<b>d</b>	OFFICERS AND DIR	DELETE	13.	1.F		ADDITIONS/CHANGES TO OFFIC	EU2 VIAD	Change	Addition	90/0
NAMI	DUDLEY, JAN	MES M.		1.2 NA		j					3
STREET ADDRESS	10601 THERE			1.3 ST	REET	ADDRESS					18
CHY-SL ZIII	JACKSONVIL	LE FL		1.4 CI		T-ZIP				<b>—</b>	ؤ
31,18			☐ DELETE	2.1 TiT		}			L Change	☐ Addition	1
NAME STREET ADORESS	1			2.2 NA		ADDRESS					ļ
				1		ST - ZIP					
The.	i		DELETE	3 1 117					Change	Addition	1
N/ME				3.2 NA		(					
STEEL ACORE A	l					ADDRESS					Ì
00Y 51 76 10M	ł		DELETE	3.4 CI 41 Til	_	ST-ZIP			Change	Addition	-{
NAM:	<u> </u>		LL PREEZE	4 2 N		-			onenge		}
SIBEEL AIR +: A	j					ADDRESS					
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TELLE			☐ DELETE	5.1 111					☐ Change	Addition	
HAM!	{			5.2 NA							
SHIP CORRECT	ļ					ADDRESS					1
CHY SEZIO TOTA			DELETE	5.4 Cl* 6.1 Ti)		I-ZIF			Change	Addition	+
NAME				6.2 NA		(			_ &		ĺ
STREET ALOREIS	1					ADDRESS					
				6.4 C)						···	
h							ed in Section 110 07/3Vi). Florida Statute				

14. I do hereby call ly 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 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 direction 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Day OR

904-641-3934

0038328