

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L73493** (3)

1. Corporation Name

PANDEMONIUM ENTERPRISES, INC.



Principal Place of Business

**1301 GULF LIFE DR.
SUITE 1904
JACKSONVILLE FL 32207**

Mailing Address

**1301 GULF LIFE DR.
SUITE 1904
JACKSONVILLE FL 32207**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SUMMERS, JESSE
1301 GULF LIFE DR.
SUITE 1710
JACKSONVILLE FL 32207**

3. Date of Incorporation or Qualification

05/14/1990

3a. Date of Last Report

05/01/1995

4. FCI Number

59-3010544

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. 194.032
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Warren P. Powers

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

1301 Riverplace Blvd, Suite 1904

83

84 City

Jacksonville

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0302 and 607.0303, Florida Statutes, this 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0302, 607.0303, Florida Statutes.

SIGNATURE

Warren P. Powers

Print Name of Registered Agent

Date

4/1/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **POWERS, WARREN P.**
CITY, ST, ZIP **1800 GULF LIFE TOWER**
JACKSONVILLE FL

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
NAME **Director, President**
STREET ADDRESS **Powers, Warren P.**
CITY, ST, ZIP **1301 Riverplace Blvd, Suite 1904**
Jacksonville, FL 32207 ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement, Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this general report or supplementary 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, or on an attachment with an address.

SIGNATURE:

Warren P. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95

904/398-5400

SG 2-6-96

CR2E034 (12/95)