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Jan 28, 1999 8:00am

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT 1999		DIVI	Secretary of State SION OF CORPO	tate	IONS	Secretary of State			
i. Corporation					•	01-28-1999 90008 00	1 ***150.0	00	
POWEL	L FINANCIAL SERVICES, INC.	•						***** ****	
					•				
Principal Plac	ce of Business '	Mailing Address	s			-{	ALBI BELL BEBLE	Bibil Bibil Alb ert	JIJI BIBU IBDI
8603 ETHANS GLEN TERR 8603 ETHANS GLEN TERR JACKSONVILLE FL 32256-948 US US US US						, DO NOT WRI	ITE IN THIS	SSPACE	
						3. Date Incorporated or Qualifed 06/26/1990			
2. Principal F	Place of Business	2a. Mailing Add	ress		•	4. FEI Number			plied For
21		26				59-3016005		<u> </u>	t Applicable
Suite, Apt.	. #, etc	Suite, Apt. #	, etc.			5. Certifcate of Status Desired		\$8.75 A	
City & Sta	ite	City & State	<u> </u>			6. Election Campaign Financing		Fee Re	•
23	*	28				Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country Zip . 25 . 29 3			ountry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
	9. Name and Address of Current I			Τ,		10. Name and Address of New F	Registered		
POV	WELL, DOSS F.			81	Name	•			— .
8603 ETHANS GLEN TERR				82	Street Addres	ess (P.O. Box Number is Not Accepta	able)	•	
JACKSONVILLE FL 32256-7948				83					12.156
								, , , , , ,	
and the second s					City	•	FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	and 607.1508, Flori	da Statutes, the	above	-named corpor	ration submits this statement for the	purpose of	changing its	registered
. agent. ra	am iamiliar with, and accept the obligation	ins of, Section 607.	0505, Florida Sta	tutes.	no ourporance,	is board or oncotors. I horeby docop	it tile appoi	Jilineni as ive	Jistereu
SIGNATURE	Signature, typed or printed name of registered agent ar	and title if applicable.	(NOTE: Registere	nd Agent	signature required v	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	P POWER POOR	□ D'	ELETE 1.1 TO	TITLE				Change	☐ Addition
NAME	POWELL, DOSS F.		•	NAME					
STREET ADDRESS	86030 ETHANS GLEN TERR JACKSONVILLE FL 32256-7948				ADDRESS				
CITY-ST-ZIP TITLE	VP	D	1.4 C ELETE 2.1 TI	CITY-ST- TITLE	ZIP			☐ Change	☐ Addition
NAME	POWEL, VIRGINIA L	_	2.2 N					L Olango	☐ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-	-ZIP	•			
TITLE ,	La de la	디마	ELETE 3.1 T			•		☐ Change	Addition
NAME STREET ADDRESS			3.2 N					•	
CITY-ST-ZIP	All Reductions			CITY-ST-	ADDRESS	· · · · · · · · · · · · · · · · · · ·	· 1		10 × 30 ± 12 §
TITLE	•	□ D/	3.4. U ELETE 4.1 TI		· ZIP		***	☐ Change	Addition
NAME .			4.2 N	NAME	1				_
STREET ADDRESS		•	4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				ITY-ST-	ZIP	***			
TITLE NAME	į .	· 🔲 DE	5.1 TT 5.2 NA		ĺ			Change	☐ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-ST-		•			
TITLE	10 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	☐ DE				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NA	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ł		6.4 CI	ITY-ST-Z	ZIP	•			

14. I 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, or on an attachment with an oddress, with a other like empowered.

SIGNATURE:

CITY-ST-ZIP