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

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Plane of Business

JACKSONVILLE FL 322574580

2. Principal Place of Business

24 32257-6049 25

COXE, (WLATER)F.

2959 OAKISLE ROAD

JACKSONVILLE FL 32257

Suite, Apt. #, etc.

City & State

1 SAN JOSE PL

STE 18

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22

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69817

(8)

JACKSONVILLE FL 32257-8049

Mailing Address

1 SAN JOSE PL

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE 19

US

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27

28

29

BUSINESS DEVELOPMENT SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

Apr 09 1997 8:00am Secretary of State	
3. Date Incorporated or Qualified	3a. Date of Last Report
02/26/1988 4. FEI Number	04/04/1996
59-2872356	Applied For Not Applicable
	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for in Florida Statutes	Yes No
0. Name and Address of New Reg	Jistered Agent
LTER F. COXE	
(P.O. Box Number is Not Acceptab	le)
	FL es Zip Code
tion submits this statement for the pi s board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
hen reinstating)	DATE
ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
	ERS AND DIRECTORS IN 12 Change Addition Change Addition
	Change Addition C

EII ED

11. Pushed to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation for or registered agent for both, in the State of Florida. Such change was authorized by the corporation agent if an ifamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Not the typea of performance of registered agent and title Capplicable (NOTE: Registered Agent signature required w 12. OFFICERS AND DIRECTORS 13. THE DELETE 1.1 TITLE COXE, WALTER F. NAME 1.2 NAME 1 SAN JOSE PL #19 SHELL FARMESS 1.3 STREET ADDRESS JACKSONVILLE FL OILY \$1-70 1.4 CITY- \$1-ZIP DELETE HILL 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St 7iP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE ☐ Change NAME 3.2 NAME STREET AUDRESS 3.3 STREET ADDRESS CHY-\$1, 769 34. CITY-ST-ZIP DELETE $\mathfrak{I}\Pi\mathfrak{t}\mathfrak{t}$ 41 TITLE Addition NAME 4. 2 NAME STECHT ADDRESS 4.3 STREET ADDRESS CHY-S1_70 4.4 CITY - S1 - ZIP DELETE 5.1 TITLE 1:01 Chan NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST 7F 5.4 CITY-ST-ZIP 70000213864^{Change} -04/10/97--01004--049 π_{44} DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***165.00 CEM SI-7P 6.4 CITY-ST-ZIP

Country

81

82

83 City

Street Address

30

14. I do hereby certly 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 b) supplemental annual report is type 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 by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changer, by dy an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/1/97 904.268

A044164