

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N16550** (8)

1. Corporation Name  
**NJST SEAHAWKS, INC.**



Principal Place of Business <b>PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212</b>	Mailing Address <b>PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>08/27/1986</b>	3a. Date of Last Report <b>08/08/1996</b>
				4. FEI Number <b>59-2591976</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHROTH, DEBORAH A ESQ 2068 PLAINFIELD AVENUE ORANGE PARK FL 32073</b>		10. Name and Address of New Registered Agent <b>81 Name Kathleen A. Watson 82 Street Address (P.O. Box Number is Not Acceptable) 2713 Holly Ridge DR 83 84 City ORANGE PARK FL 85 Zip Code 32073</b>	
--	--	---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kathleen A. Watson* 8/28/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD WATSON, JERRY 2713 HOLLYRIDGE DR ORANGE PARK FL 32202</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PD ELAM, WILLIAM P.O. BOX 111 "N/A" JACKSONVILLE, FL 32212 "NA"</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD ZUKOWSKI, LEE 8908 SPRING HARVEST LN JACKSONVILLE FL 32244</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VD SCHROTH, DEBORAH 2068 PLAINFIELD AVE. ORANGE PARK, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD MITCHELL, MARGARET 5914 ORCHARD POND DR ORANGE PARK FL 32073</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>TD WATSON, KATHLEEN 2713 HOLLY RIDGE DR. ORANGE PARK, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD STRANDELL, VALERIE 553 FEATHER OAKS CT ORANGE PARK FL 32073</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>SD LAWSON, MARY 209 PARKSIDE AVE. ORANGE PARK, FL 32065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD SCHROTH, DEBORAH 2068 PLAINFIELD AVE ORANGE PARK FL 32073</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>SD RICE, JANET 568 HARRISON AVE. ORANGE PARK, FL 32065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>D CARTER, MARY ELLEN 301 EDINBURGH LANE ORANGE PARK, FL 32073</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Kathleen A. Watson* 8/28/97 (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (4/97)