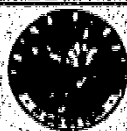


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43451** (6)

1. Corporation Name

PLU, INC.

Principal Place of Business

**1945 PERRY PLACE
JACKSONVILLE FL 32207**

Mailing Address

**1945 PERRY PLACE
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1991

3a. Date of Last Report

06/07/1994

4. FEI Number

59-3093475

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALSH, JUDITH
646 CEDAR CREEK RD.
BOSTWICK FL 32177**

81 Name

MAWER, Noel

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

83

2875 SYDNEY ST

84 City

JACKSONVILLE

FL

85 Zip Code

32205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Noel MaWer

(NOTE: Registered Agent signature required when reappointing)

4/14/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WALSH, JUDITH
STREET ADDRESS	P. O. BOX 200 N/A
CITY-ST-ZIP	BOSTWICK FL
TITLE	VD
NAME	DENTON, LARRY
STREET ADDRESS	1804 ARCADIA DRIVE., SUITE 313
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD
NAME	ILLINGWORTH, SUSAN
STREET ADDRESS	P. O. BOX 523 N/A
CITY-ST-ZIP	BOSTWICK FL
TITLE	SD
NAME	CRUMP, TONY
STREET ADDRESS	3909 SUNBEA, RD., SUITE 109
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	MAWER, NOEL
STREET ADDRESS	2875 SYDNEY ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD
1.2 NAME	BLANKENSHIP, KIM
1.3 STREET ADDRESS	2613 St Noelle Ct
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
2.1 TITLE	VD
2.2 NAME	WOOD, Scott F.
2.3 STREET ADDRESS	Route 2 Box 2085C
2.4 CITY-ST-ZIP	PALATKA FL 32177
3.1 TITLE	TD
3.2 NAME	DAVIS, JEAN
3.3 STREET ADDRESS	5130 SANIBEL DR
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
4.1 TITLE	SD
4.2 NAME	MAWER, NOEL
4.3 STREET ADDRESS	2875 Sydney St
4.4 CITY-ST-ZIP	Jacksonville FL 32205
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 stated in Section 110.07(3)(k), 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:

Noel MaWer

NOEL MAWER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95

Date

904-388-4491

Daytime (Area #)