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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 | Mailing Address |
|---|---|
| 1945 PERRY PLACE<br>JACKSONVILLE FL 32207 | 1945 PERRY PLACE<br>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

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

WALSH, JUDITH
646 CEDAR CREEK RD.
BOSTWICK FL 32177

**10. Name and Address of New Registered Agent**

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 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD BLANKENSHIP, KIM | ☒ Change ☐ Addition |
| NAME | WALSH, JUDITH | 1.2 NAME | | |
| STREET ADDRESS | P. O. BOX 200 N/A | 1.3 STREET ADDRESS | 2613 St Noelle Ct | |
| CITY-ST-ZIP | BOSTWICK FL | 1.4 CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | VD | 2.1 TITLE | VD Wood, Scott F. | ☒ Change ☐ Addition |
| NAME | DENTON, LARRY | 2.2 NAME | | |
| STREET ADDRESS | 1604 ARCADIA DRIVE., SUTIE 313 | 2.3 STREET ADDRESS | Route 2 Box 2085C | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | PALATKA FL 32177 | |
| TITLE | TD | 3.1 TITLE | TD DAVIS, JEAN | ☒ Change ☐ Addition |
| NAME | ILLINGWORTH, SUSAN | 2.2 NAME | | |
| STREET ADDRESS | P. O. BOX 523 N/A | 3.3 STREET ADDRESS | 5130 SANIBEL DR | |
| CITY-ST-ZIP | BOSTWICK FL | 3.4 CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | SD | 4.1 TITLE | SD MAWER, NOEL | ☒ Change ☐ Addition |
| NAME | CRUMP, TONY | 4.2 NAME | | |
| STREET ADDRESS | 3909 SUNBEA, RD., SUITE 109 | 4.3 STREET ADDRESS | 2875 Sydney St | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | Jacksonville FL 32205 | |
| TITLE | D | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MAWER, NOEL | 5.2 NAME | | |
| STREET ADDRESS | 2875 SYDNEY ST. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 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:** Noel D. Mawer NOEL MAWER 3/23/95 904-388-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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