


FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43451** (6)

1. Corporation Name

**PLU, INC.**

Principal Place of Business

Mailing Address

**1945 PERRY PLACE  
JACKSONVILLE FL 32207**

**1945 PERRY PLACE  
JACKSONVILLE FL 32207-3442**

3. Date Incorporated or Qualified  
**05/08/1991**

3a. Date of Last Report  
**03/05/1996**

2. Principal Place of Business

2a. Mailing Address

**21 1916 SOUTHAMPTON RD**

**26 1916 SOUTHAMPTON RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 JACKSONVILLE FL**

**28 JACKSONVILLE FL**

Zip

Country

Zip

Country

**24 32207**

**25 DNAL**

**29 32207**

**30 DNAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAWER, NOEL  
2875 SYDNEY ST  
JACKSONVILLE FL 32205**

81 Name

**JEREMY LUCAS**

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

**6746 BARNEY RD**

83

84 City

**JACKSONVILLE**

FL

85 Zip Code

**32219**

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

*Jeremy W. Lucas*

**JEREMY W. LUCAS**

(NOTE: Registered Agent signature required when reinstating)

**4/30/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLANKENSHIP, KIM</b>	
STREET ADDRESS	<b>2613 ST NOELLE CT</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THORNTON, WILLIAM</b>	
STREET ADDRESS	<b>1155 TALBOT AVENUE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, JEAN</b>	
STREET ADDRESS	<b>5130 SANIBEL DR</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAWER, NOEL</b>	
STREET ADDRESS	<b>2875 SYDNEY ST</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KNIGHT, LARITA</b>	
1.3 STREET ADDRESS	<b>4168 LEXINGTON AVE</b>	
1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32210</b>	

2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAMES KURT AUWATER</b>	
2.3 STREET ADDRESS	<b>1466 PALM AVE #2</b>	
2.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32207</b>	

3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JEREMY LUCAS</b>	
3.3 STREET ADDRESS	<b>6746 BARNEY RD</b>	
3.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32219</b>	

4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DEBRA SKIGHT</b>	
4.3 STREET ADDRESS	<b>2841 DOWNING ST</b>	
4.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Jeremy W. Lucas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEREMY LUCAS**

**4/22/97**

**904-786-0018**

Daytime Phone #0004801

CR2E037 (9/96)

**For Clarity in Annual Report Submission:**

**Box 2 and 2a: New Principal Place of Business/Mailing Address:**

1916 Southampton Rd.  
Jacksonville, Fl. 32207

**Box 10: New Registered Agent:**

Jeremy Lucas  
6746 Barney Rd.  
Jacksonville, Fl. 32219-3706

**Box 12:**

Delete all previous Officers and Directors.

**Box 13: Add new Officers and Directors:**

Title: PD  
Name: Knight, Larita  
Address: 4168 Lexington Ave.  
Jacksonville, Fl. 32210

Title: VD  
Name: Auwaerter, James Kurt  
Address: 1466 Palm Ave.  
Jacksonville, Fl. 32207

Title: TD  
Name: Jeremy Lucas  
Address: 6746 Barney Rd.  
Jacksonville, Fl. 32219-3706

Title: SD  
Name: Skight, Debra  
Address: 2864 Downing St.  
Jacksonville, Fl.