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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 10 1997 8:00am

Secretary of State

☐ Addition

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Change

Change

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N45221 (1)

| | JOHN N | Mark Mi | NIS | TRIES, INC. | | | | | | | | | | | |
|---|---|---|------|-----------------------|-----------|--------------------------------|---|--------------------|------------------|-------------------|----------------------------------|--|----------------------------------|----------------------------------|-----------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | | \$ 18 1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 | 1 11 91 019 11 010 | 11 0 9061 PIBH V | 1811 #1911 1841 |
| 3185 FIRST AVE. APT. 14 | | | | | | 3165 FIRST AVE. APT. 14 | | | | | | | | | |
| FERNANDINA BEACH FL 32034 | | | | | | FERNANDINA BEACH FL 32034-2351 | | | | | | 3. Date Incorporated or Qualified 09/19/1991 | 3a. Da | te of Last F 04/10/1 9 | Peport 196 |
| 2 21 | Principal Place of Business | | | | | 2a. Mailing Address 26 | | | | | | 4. FEI Number 59-3082137 | | · | pplied For ot Applicable |
| | Suite, Apt #, etc. | | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | Additional equired | |
| 22 | City & State | | | | | City & State | | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | Zip | Country | | | 28 | | | Country | | | | Trust Fund Contribution 8. This corporation has liability for | r intangible | tax under | to Fees s. 199.032, |
| 24 | | 25 29 30 30 9. Name and Address of Current Registered Agent | | | | | | | | | l | Florida Statutes 10. Name and Address of New F | | No Agent | |
| 8. Raine and Address of Current Registered Agent | | | | | | | | | 11 | Name | | | • | | |
| HICKS, TERRY J. 3165 FIRST AVE. | | | | | | | | | 12 | Street Ac | ddres | s (P.O. Box Number is Not Accept | able) | | |
| APT. 14 | | | | | | | | 8 | 13 | | | | | | |
| FERNANDINA BEACH FL 32034 | | | | | | | | 8 | 14 | City | | | | 85 Zip | Code |
| | | | | | | | | | \perp | • | | The state of the s | FL | , ' | ita vaniatasad |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statut | | | | | | | | | | the corpo | orpor | ration submits this statement for the n's board of directors. I hereby acc | ept the app | ointment a | s registered |
| 5 | SIGNATURE | | | | | | | | | nt eignature re | nani na | when reinstating) | DATE | | |
| H | Signature, typed or printed name of registered agent and title if applicable (NOTE Reg. OFFICERS AND DIRECTORS | | | | | | | 13. | | | quieo | ADDITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 |
| - | ITLE | PD | | | | DELETE | | 1.1 TITLE | Ę | | | | | ☐ Change | Addition |
| | IAME | HICKS, | TEF | RRY J. | | | | 1.2 NAM | Æ | 1 | | | | | |
| | STREET ADDRESS 3165 FIRST AVENUE APT. 14 | | | | | | | 1.3 STREET ADDRESS | | | | | | | |
| (| CITY-ST-ZIP FERNANDINA BEACH FL 3203 | | | | | | | | 1.4 CITY-ST-ZIP | | | | | | |
| ī | TITLE | STD | | | | ☐ DELETE | | 2.1 TITLI | E | | | | | Change | Addition |
| , | IAME | | | ankie d. | | | | 2.2 NAM | ΛE | | | | | | |
| 5 | STREET ADORESS | | | AVENUE APT. 14 | | | | 2.3 STRE | EET / | address | | | | | |
| | CITY-ST-ZIP FERNANDINA BEACH FL 32034 | | | | | | | | 2. 4 City-St-ZiP | | | | | Change | Addition |
| 1 | TITLE | D | | AAB | | ☐ DELETE | ı | 3.1 TITLI | | 1 | | | | L. Criange | AQQRIUII |
| 1 | NAME | | | C. HARRY | | | | 3.2 NAM | | | | | | | |
| ; | STREET ADDRESS | | | CREEK RD | | | | | | ADDRESS | | | | | |
| - | CITY - ST - ZIP | CORNE | :UA | UA | | DELETE | | 3.4. CITY | | SY-ZIP | | | | Change | Addition |
| | TITLE | D | 8.55 | | | | 1 | 4.1 TITLE | | | | | | - Vilarige | round |
| | NAME | HAMEL | | ELVIN J HILLS ROAD | | | 1 | 4.2 NAA | | ADDOCCO | | | | | |
| | STREET ADDRESS | YULEE | | | | | | | | ADORESS 7. 210 | | | | | |
| 1 1 | CITY-ST-ZIP | TULCE | TL. | リエリ ラ / | | | 1 | 4.4 CITY | اد - ۱ | 1-211 | | | | | |

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WALLACE, JAMES D

5 PAIGE ROAD

ETHRIDGE TN

TITLE

NAME

TITLE

NAME STREET ADDRESS