

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # N93000004670 (6)
 1. Corporation Name
SIX-BUOYS, INC.



Principal Place of Business 1307 RIVER HILLS CIR E19 JACKSONVILLE FL 32211-555 US	Mailing Address 1307 RIVER HILLS CIRCLE #19 #19 JACKSONVILLE FL 32211 US
--	--

3. Date Incorporated or Qualified 10/11/1993		
4. FEI Number 59-3224771	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 1373 Rensselaer Ave.	2a. Mailing Address 26 Same as (20)
Suite, Apt. #, etc. 22 Jacksonville FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32205	Country 25 USA
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SOWELL, JEFFREY
1307 RIVER HILLS CIRCLE EAST
#19
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name Roger Combs	
82 Street Address (P.O. Box Number is Not Acceptable) 12844 Eskeworth Dr. W.	
83	
84 City Jacksonville	85 Zip Code FL 32256

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: *[Signature]* DATE: **9/2/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME HOLBROOK, JEFFREY	<input type="checkbox"/> DELETE
STREET ADDRESS 773 CREIGHTON RD.	CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE VD	NAME SOWELL, JEFFREY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1307 RIVER HILLS CIRCLE W., #19	CITY-ST-ZIP JACKSONVILLE FL 32211	
TITLE STD	NAME COMBS, ROGER L JR.	<input type="checkbox"/> DELETE
STREET ADDRESS 8011 INTERNATIONAL VILLAGE DR.	CITY-ST-ZIP JACKSONVILLE FL 32211	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Holbrook Jeffrey	
1.3 STREET ADDRESS 1573 Rensselaer Ave.	
1.4 CITY-ST-ZIP Jacksonville FL 32205	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Cliff Huber	
2.3 STREET ADDRESS 3855 Oak St	
2.4 CITY-ST-ZIP Jacksonville FL 32205	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Roger Combs Jr.	
3.3 STREET ADDRESS 12844 Eskeworth Dr. W.	
3.4 CITY-ST-ZIP Jacksonville FL 32256	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *[Signature]* DATE: **9/29/98** DAYTIME PHONE #: **904 357 0867**

Signature and typed or printed name of signing officer or director

CR2E037 (5/98)