## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300005803 (2)

	CID, INCORPORATED	•	,				
Principal Plac	e of Business	Mailing Address		·			
1048 ENNIS GREEN CO	ON ST VE SPRINGS FL 32043	1048 Ennison St Green Cove Springs	FL 32043				
2. Principal P	Place of Business			····	<ol> <li>Date Incorporated or Qualified 12/30/1993</li> </ol>	За.	Date of Last Report <b>05/01/1995</b>
21	rado di Basiliess	2a. Mailing Address			4. FET Number 59-3290602		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			39 3290002		Not Applicable
22		27			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
City & Stat	0	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	<b>28</b>	T		Trust Fund Contribution		Added to Fees
24	25	29	Gountry 30		8. This corporation has liability for	ntangible	tax under s. 199,032,
	9. Name and Address of Currer	nt Registered Agent	1301		Florida Statutes  10. Name and Address of New R	Yes [	
			81	Name	10. Name and Address of New H	egistered	D Agent
	, MATTHEW JR		82	Ctract	Add OO D. N.		
	nnison st		02	Street	Address (P.O. Box Number is Not Acceptab	<b>(€)</b>	
GREEN	COVE SPRINGS FL 32043		83				
			84	City			
11 Purcuant	to the are followed Outline out accom					FI	B5 Zip Code
or register	red agent, or both, in the State of Floric	and 617.1508, Florida Statutes da. Such change was authorizer	the above r	amed co	orporation submits this statement for the pur	cose of cl	hanging its registered office
tamiliar wi	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes.	- cy 1110 001ph	DI GLIGHT S	orporation submits this statement for the pur board of directors. I hereby accept the appo	intment a	is registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent						
12.	OFFICERS AND		13.	signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFE	DATE	D DIDECTOR
TITLE	PT	DELETE	11 TITLE		ADDITIONS/GRANGES TO OFFI	JEKS AN	
NAME	TINNEY, MATTHEW JR		1.2 NAME		WALCH. Robert M.		Change Maddition
STREET ADDRESS	1048 ENNISON ST		1.3 STREET	ADDRESS	WELCH, Robert M. 3001 Nouklus Rd		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3		1.4 CITY - S1	- ZIP	Middleburg, FL 3	8205	
TITLE	ST TANKEY IACQUEUNE	DELETE	21 TITLE				Change Addition
NAME STREET ADDRESS	TINNEY, JACQUELINE 1048 ENNISON ST		2.2 NAME		Hampshire, Felecia 508 Franklin St.	L	
STREET ADDRESS  CITY-ST-ZIP	GREEN COVE SPRINGS FL 3	2040	2.3 STREET	ADDRESS	201 HABNETIN 21	_	
TITLE	TI	DELETE	2. 4 City-S	-ZIP	Green cove spring	5 176	<u>. 3</u> 2053
NAME	HAMPSHIRE, CLARENCE	Paccese	3.1 TITLE	İ	LICHON MANUEL		Change Addition
STREET ADDRESS	508 FRANKLIN ST		3.2 NAME	boores	HEARY, MICHAEL 703 FIZZ St.		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32	2043	3.3 STREET #	INDRESS	703 1-1122 01	- 0	22
TITLE	T	DELETE	3.4. CITY - ST 4.1 TITLE	- ZIP	Green core spring	7 45	
NAME	BATTLES, CHARLES		4. 2 NAME	1			Change Addition
STREET ADDRESS	407 PALM ST		4.3 STREET A	DORESS			ĺ
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32	· · · · · · · · · · · · · · · · · · ·	4.4 City-St-	ZIP			
TITLE	J	DELETE	5.1 TITLE				Change Addition
NAME OTOGET ADDOCES	DOUGLAS, FRED		5.2 NAME				
STREET ADDRESS	PO BOX 742 N/A	0040	5.3 STREET A	DDRESS			
CITY-ST-ZIP TITLE	GREEN COVE SPRINGS FL 32		5.4 CITY - ST -	ZIP			
NAME	johnson, robert	DELETE	6.1 TITLE				Change Addition
STREET ADDRESS	417 SHANNON ST		6 2 NAME				
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32	043	6.3 STREET A	- 1			
	certify that the information supplied wi	th this fil na is voluntarily furnish	6.4 City-St-	ZIP	fu for the grant from the state of the state		

certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VOS AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR TIMES, JR 4-22-96, 904-954-8740