

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003172 (3)

1. Corporation Name

AMERICA'S FUTURE, INC.



Principal Place of Business

Mailing Address

1728 KINGLSEY AVE  
STE 3  
ORANGE PARK FL 32073  
US

1728 KINGLSEY AVE  
STE 3  
ORANGE PARK FL 32073  
US

2. Principal Place of Business

2a. Mailing Address

21 4104 LENOX AVE STE 4

26 4104 LENOX AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 4

27 Ste 4

City & State

City & State

23 Jacksonville FL

28 Jacksonville

Zip

Zip

24 32205

29 32205

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
06/23/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number 59-3337775  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

HUBBS, WILLIAM D  
2640 CESERY BLVD.  
SUITE 13  
JACKSONVILLE FL 32211

81 Name Hubbs, William D  
82 Street Address (P.O. Box Number is Not Acceptable)  
4104 LENOX AVE STE 4  
83 Suite 4  
84 City Jacksonville FL  
85 Zip Code 32205

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOYKINS, STEPHEN C  
STREET ADDRESS 454 CRABAPPLE CT STE 1-A  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D  
NAME HOWELL, JIM C  
STREET ADDRESS 6420 SUNRISE DRIVE  
CITY-ST-ZIP PANAMA CITY BCH FL 32407

TITLE D  
NAME GIANNANTONIO, JOHN V  
STREET ADDRESS 70 KINDERKAMACK RD.  
CITY-ST-ZIP EMERSON NJ 07830

TITLE D  
NAME HUBBS, WILLIAM D  
STREET ADDRESS 2204 HIDDEN WATERS DR. WEST  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D  
NAME BOYKINS, STEPHEN C  
STREET ADDRESS 454 CRABAPPLE CT. 1A  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 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:

William D Hubbs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)