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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000002522 (8)

1. Corporation Name

GALAXIE ONE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

8179 GALAXIE DRIVE  
JACKSONVILLE FL 32244

8179 GALAXIE DRIVE  
JACKSONVILLE FL 32244-1227

3. Date Incorporated or Qualified  
05/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-3371772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKS, TIMOTHY B  
8179 GALAXIE DRIVE  
JACKSONVILLE FL 32244

81 Name

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

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HICKS, TIMOTHY B  
STREET ADDRESS 8179 GALAXIE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE V ☐ DELETE

NAME HICKS, VICTORIA  
STREET ADDRESS 8179 GALAXIE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ST ☐ DELETE

NAME HICKS, RODERICK L  
STREET ADDRESS 8179 GALAXIE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Prysthe L. Hicks  
1.3 STREET ADDRESS 8179 GALAXIE DR.  
1.4 CITY-ST-ZIP JAX, FL. 32244

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Timothy B. Hicks, II  
2.3 STREET ADDRESS 8179 GALAXIE DR.  
2.4 CITY-ST-ZIP JAX, FL. 32244

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Brandon M. Hicks  
3.3 STREET ADDRESS 8179 GALAXIE DR.  
3.4 CITY-ST-ZIP JAX, FL. 32244

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 *Timothy B. Hicks* 4/29/97

CR2E037 (9/96)