1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90205 039 \*\*\*\*61.25

DOCUMENT # N9800002203  1. Corporation Name								
•	PARTNERS, INC.							ノ
Principal Place	e of Business	Mailing Address						
3113 MONTCA JACKSONVILLE		3113 MONTCALM DRIVE JACKSONVILLE FL 32208						
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualife 04/16/1998	d -		
21		26			4. FEI Number		Δnr	lied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- FEI Number		<del> </del>	Applicable
City & Stat	ė	City & State			5. Certificate of Status Desired		\$8.75 A	dditional
Zip	Country	Zip	Coun	ntry	6. Election Campaign Financin	n	\$5.00	May Re
24	25	·	30	•	Trust Fund Contribution	a 🗆	Added to	•
<u> </u>	9. Name and Address of Curren				10. Name and Address of Nev	/ Registered	Agent	
				81 Name				
MEIDE MOCEC ID				82 Street Add	dress (P.O. Box Number is Not Acce	otable)		
MEIDE, MOSES JR. 817 NORTH MAIN STREET				oz odcorna				
JACKSONVILLE FL 32202				83				
JACKOONVILLE I E 32202				84 City			85 Zip C	ode
·						F <u>L</u>	-	_
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at tions of, Section 617.0503, Flor	ithonzed ida Statu	tes.	tion's board of directors. I hereby acc	ерг те арро	intment as reg	istered
	Signature, typed or printed name of registered ager		Registered /	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AN	VD DIRECTO	RS IN 12
12.		ID DIRECTORS	1.1 TIT	E .	ADDITIONS/CHARGES TO C	, , , , , , , , , , , , , , , , , , ,	Change	Addition
TITLE	ا ب <u>ن</u>		1.2 NA	1				_
NAME	NELSON, DAISY			REET ADDRESS				
STREET ADDRESS	3113 MONTCALM DRIVE			Y-ST-ZIP				
CITY-ST-ZIP	JACKSONVILLE FL 32208	☐ DELETE	2.1 TITI				Change	Addition
TITLE NAME	D   Varnadore, Sadie =	- 22N		Ļ				
STREET ADDRESS				REET ADDRESS	·			_
	JACKSONVILLE FL 32209			Y-ST-ZIP				
CITY-ST-ZIP	D	☐ DELETE	3.1 TIT				☐ Change	☐ Addition
NAME	DAVIS, MAXINE		3.2 NAJ	ME				
STREET ADDRESS	1		1	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207	,		Y-ST-ZIP				
TITLE	D	DELETE	4.1 1111				Change	Addition
NAME	WHITE, TERRESA D		4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244	<u> </u>	4.4 CIT	Y-ST-ZIP		<del></del>		
TILE	D	☐ DELETE	5.1 TIT	LÉ			Change	☐ Addition
NAME	DELIGAR, SARAH		5.2 NA					
STREET ADDRESS	l		. 5.3 STF	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32219			Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	- 1			Change	☐ Addition
MALIE	1 .		6.2 NA	ME				

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS