

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

40113402



05102007 Chq-P CR2E034 (12/06)

4. FEI Number 02-0650224	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABOUD, RICHARD J  
9124 CYPRESS GREEN DR.  
JACKSONVILLE, FL 32256

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	 Delete
NAME	REAVES, JOHN J JR.	
STREET ADDRESS	8431 NEW KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	 Delete
NAME	TAYLOR, CHARLES L	
STREET ADDRESS	8431 NEW KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	 Delete
NAME	NORTHINGTON, GORMAN D JR	
STREET ADDRESS	8431 NEW KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	8 Pres	<input type="checkbox"/> Deleted
NAME	REAVES, SHAWN C	
STREET ADDRESS	8431 NEW KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<i>VP Pres.</i>	<input type="checkbox"/> Delete
NAME	REAVES, JOHN J III	
STREET ADDRESS	8431 NEW KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-07

Date \_\_\_\_\_

(904) 765-9660

Daytime Phone #