

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 09 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # P92000003796 (9)
1. Corporation Name
JACKSONVILLE I.O., INC.

Principal Place of Business
147 DELTA DR
PITTSBURGH PA 15238

Mailing Address
147 DELTA DR
PITTSBURGH PA 15238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1992	
21		26		4. FEI Number 25-1689877	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent DELLIGATTI, MICHAEL F 1015 ATLANTIC BLVD., SUITE 294 ATLANTIC FL 33324				10. Name and Address of New Registered Agent			
				81 Name	TODD A. DELLIGATTI		
				82 Street Address (P.O. Box Number is Not Acceptable)	1900 CENTERBURY DRIVE		
				83			
				84 City	INDIATLANTIC	FL	85 Zip Code 32903

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Michael F. Delligatti* (NOTE: Registered Agent signature required when reinstating) DATE 8/13/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELLIGATTI, ELEANOR			1.2 NAME			
STREET ADDRESS	147 DELTA DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			1.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUBERT, DANIEL E			2.2 NAME			
STREET ADDRESS	147 DELTA DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

Dep. 150.00

16.9

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 27, 1998

JACKSONVILLE I.O., INC.
147 DELTA DR
PITTSBURGH, PA 15238

SUBJECT: JACKSONVILLE I.O., INC.
Ref. Number: P92000003796

Please be advised, we have received your document for the above corporation and your check(s) totaling \$450.00; however, the document **has not been filed** and is being returned for the following:

The new registered agent must sign in block 11.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 298A00039476

/tw



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 26, 1998

JACKSONVILLE I.O., INC.
147 DELTA DR
PITTSBURGH, PA 15238

SUBJECT: JACKSONVILLE I.O., INC.
Ref. Number: P92000003796

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The new registered agent must sign in block 11.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 898A00044287

/pe

SIGNATURE IS AN ORIGINAL AND IN INK.