

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000034743 (3)

1. Corporation Name
ACRCO, INC.

Principal Place of Business
4973 RED PINE COURT
TARA WOODS
JACKSONVILLE FL 32210

Mailing Address
4973 RED PINE COURT
TARA WOODS
JACKSONVILLE FL 32210-7913

3. Date Incorporated or Qualified
05/11/1993

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 AS ABOVE

26 AS ABOVE

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
59-3188766

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

9. Name and Address of Current Registered Agent

JERNIGAN, JOHN M
4973 RED PINE COURT
TARA WOODS
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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 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: John M. Jernigan: ACRCO, INC. HAS NO EMPLOYEES, NO PROPERTY, PENDING, COMPLETION DATE 01/31/96

12. OFFICERS AND DIRECTORS

TITLE: COVS
NAME: JERNIGAN, JOHN M
STREET ADDRESS: 4973 RED PINE COURT, TARA WOODS
CITY-ST-ZIP: JACKSONVILLE FL

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
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TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: ☐ Change ☐ Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: ☐ Change ☐ Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: ☐ Change ☐ Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: ☐ Change ☐ Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: ☐ Change ☐ Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: ☐ Change ☐ Addition
62 NAME:
63 STREET ADDRESS:
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0033659

CR2E034 (9/96)