

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

FILED

Feb 21 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 # P93000042284 (8)

1. Corporation Name
FRANKLIN'S BAYMEADOWS, INC.



Principal Place of Business
8535-8 BAYMEADOWS RD.
JACKSONVILLE FL 32256
US

Mailing Address
8535-8 BAYMEADOWS RD.
JACKSONVILLE FL 32256-7445
US

3. Date Incorporated or Qualified 07/01/1993	3a. Date of Last Report 03/06/1996
4. FEI Number 59-2591620	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7660-1 PHILIPS HWY Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE FL Zip 24 32256 Country 25 DUVAL	2a. Mailing Address 26 7660-1 PHILIPS HWY Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE FL Zip 29 32256 Country 30 DUVAL
--	---

8. Name and Address of Current Registered Agent LANE, EDWARD G 8535-8 BAYMEADOWS ROAD JACKSONVILLE FL 32256	10. Name and Address of New Registered Agent 81 Name LANE, EDWARD G. 82 Street Address (P.O. Box Number is Not Acceptable) 7660-1 PHILIPS HWY 83 84 City JACKSONVILLE FL 85 Zip Code 32256
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, EDWARD	1.2 NAME	
STREET ADDRESS	312 EDINBURGH LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, BARBARA	2.2 NAME	
STREET ADDRESS	312 EDINBURGH LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	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	

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: Edward LANE EDWARD LANE 2/17/97 (904) 733-1867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)