PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Apr 07, 1999 8:00 am

	ORATION Katherine L REPORT Secretary of			Secretary of State 04-07-1999 90117 049 ***150.00	
	1999	DIVISION OF CO		04-07-1999 9011	7 049 ***150.00
DOCUM 1. Corporation	MENT # P94000	009488			I JUNI KRIF BERU MUNI ILU FRI
		10-11 - 0-11			 1014 111 1110 111
Principal Place of Business Malling Address 2134 DANSON STREET 2134 DANSON STREET				1	!
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
المستخدم والمنافز وال			.ج. سه	-01/27/1994-	{
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.		59-3320876	Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required
- City & State		City.& State		-6. Election Campaign Financing	\$5.00 May Bo
<u></u>		28	Country	Trust Fund Contribution	Added to Fees /
Zlp	Country	Zip 34	¬ '	 This corporation owes the current year in Personal Property Tax. 	Yes No
24	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
81 Name					
CRAWFORD, MAMIE 2134 DANSON STREET 82 Street Address (P.O. Box Number is Not Acceptable)					
	(SONVILLE FL 32209		83		
WACKSONTILL I'E GEZOO					
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sectione 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	m ramular with, and eccept the obliga	INCHES OF COCCUMENT OF THE POPULATION OF THE POP	o dictatos.		
Signature, typical or printed name of registered against and title if applicable (NOTE: Registe			gistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
12.	D OFFICERS AN	DELETE	1.1 TITLE	ADDITIONAL OFFICE A CONTROL OF THE C	Change Addition
TITLE NAME	ROBINSON, BILLY		1.2 NAME		5
STREET ADORESS	2222 GREENOCH AVENUE		1.3 STREET ADDRESS		[년
CITY-ST-ZIP	ALBANY GA 31707		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELÊTE	2.1 TITLE		☐ Change ☐ Addition C
NAME .	ROBINSON, JOE		22NAME	المعاش وفعيما والرازان	~ 1
STREET ADDRESS	2134 DANSON STREET		2.3 STREET ADORESS 2.4 CITY-ST-ZIP		1.
TITLE	JACKSONVILLE FL 32209	DELETE	31 IIILE		☐ (>hange ☐ Addition
NAME	CRAWFORD, MAMIE	_	3.2 NAME		\ \
STREET ADDRESS	8210 CASSIE ROAD		3.3 STREET ADDRESS		-
CITY-ST-ZIP	JACKSONVILLE FL 32221		14. CITY-ST-ZIP		Tarina Cladition
TILE		DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		1
CITY-ST-ZD'	<u> </u>	☐ DELETE	5.1 TILE		Change Addition
NAME			5.2 NAME		
STREET ADX RESS			5.3 STREET ADDRESS		}
CITY-ST-ZIF	eren er er frig	·	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		□ Change □ Addibixn
NAME			6.3 STREET ADDRESS		'
STREET ACCRESS			-)		1

B.4 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 small have the same legal effect as if made under oath; that I am an officing 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, with all other like empowered.

SIGNATURE:

4/27/49

4/27/49

4/27/49

4/27/49

4/27/49

SIGNATURE:

EREQUIRED
TOF BIGHING OFFICER ON DIRECTOR

JOE RODINSON =