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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000015073

1. Corporation Name

SOUTHERN OFFICE SYSTEMS OF JACKSONVILLE, INC.

SOUTHERN	OFFICE SYSTEMS OF	JACKSOMAILL	E, IIIO.						
Principal Place of	Rusiness	Mailing Addre	ess						*
	Dagwigou	P.O. BOX 294						٠.	
P.O. BOX 294 Pensacola FL 32594		PENSACOLA FL 32592			DO NOT WRITE IN THIS SPACE				
IS		US				3. Date Incorporated or Qualifed	1 .		. {
						02/24/1994	· ·		
		0- 11-02-0 A	ddroes			4. FEI Number			lied For
2. Principal Plac	e of Business	2a. Mailing Ad	aaress			59-3228940			Applicable
1		26 Suite Ant	# etc			 		\$8.75 A	
Suite, Apt. #,	etc.	Suite, Apt	i. #, 6ic.			5. Certifcate of Status Desired		Fee Rec	
2		27 City & Sta	ate			6. Election Campaign Financing) _□	\$5.00 1	
City & State		<u>├</u> ──				Trust Fund Contribution		Added to	Fees
23		28		Country	,	8. This corporation owes the cu	rrent year Inta	angible	erat
Zip	Country	— ·	T _a	30		Personal Property Tax.		Yes	No
4	25	29 A Serietared Age		,,,		10. Name and Address of New	Registered	Agent	
	9. Name and Address of Curr	ent Kegisteren Age		81	Name				
AVEL	DANIEL D			<u> </u>	Circ - A A d -	ress (P.O. Box Number is Not Accep	ptable)		
ANEL,	DANIEL D INDEPENDENT SQUARE		•	82	Street Addi	1655 (F.O. 666 Halliso & 1151 155)	<u> </u>	amana and a process	61. F. (II. (J. 4)
ONE !	NDEPENDENT DRIVE			83	3		翻譯號		
UNE	SONVILLE FL 32202			L_		- 10 13 1 14 15 1 14 15 15 15 15 15 15 15 15 15 15 15 15 15	· 養長 (株装数は4, 20 19) - 144 - 1 中4 - 1 中4 141	85 Zip (ode
	SUNVILLE PL SEEVE			84			FL	_ ***	
11. Pursuant to office or re- agent. I am	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the obl	0502 and 607.1508, ate of Florida. Such c ligations of, Section 6	607.0505, Flori	ida Statule	15.		DATE		
11. Pursuant to office or re- agent. I am	n familiar with, and accept the obl	ligations of, Section 6	607.0505, Flori	ida Statule	15.	poration submits this statement for the construction of directors. I hereby according to the construction of the construction	DATE	ND DIRECTO	PRS IN 12
11. Pursuant to office or re- agent. I am	of familiar with, and accept the oblessing the second of familiar with, and accept the oblessing the second of familiar with a second of familiar wi	agent and title if applicable. AND DIRECTORS	607.0505, Flori	Registered Ag	ent signature requir	red when reinstating)	DATE		
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11. Pursuant to office or record agent. I am SIGNATURE 12.	of familiar with, and accept the oblessing t	agent and title if applicable. AND DIRECTORS	607.0505, Flori (NOTE:	Registered Ag 13. 1.1 TITLE	ent signature requir	red when reinstating)	DATE	ND DIRECTO	PRS IN 12
11. Pursuant to office or regard. I am SIGNATURE 12.	of familiar with, and accept the oblessignature, typed or printed name of registered OFFICERS DP HENDERSON, SUSAN D 3151 OXFORD CIR.	agent and title if applicable. AND DIRECTORS	607.0505, Flori (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAMI	ient signature requir	red when reinstating)	DATE	ND DIRECTO	PRS IN 12 ☐ Addition
11. Pursuant to office or record agent. I am SIGNATURE 12.	of familiar with, and accept the oblessing t	agent and title if applicable. AND DIRECTORS	607.0505, Flori (NOTE:	Registered Ag 13. 1.1 TITLE	ent signature requir	red when reinstating)	DATE	ND DIRECTO	PRS IN 12
11. Pursuant to office or reconstruction agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS	of familiar with, and accept the oblessignature, typed or printed name of registered OFFICERS DP HENDERSON, SUSAN D 3151 OXFORD CIR.	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ent signature requir	red when reinstating)	DATE	ND DIRECTO	PRS IN 12 ☐ Addition
11. Pursuant to office or repair agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	of familiar with, and accept the oblessignature, typed or printed name of registered OFFICERS DP HENDERSON, SUSAN D 3151 OXFORD CIR.	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered Ag	ent signature requir	red when reinstating)	DATE	ND DIRECTO	PRS IN 12 ☐ Addition
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14. Thereby 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, with all other like empowered.

SIGNATURE:

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90068 042 ***150.00