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

**PROFIT CORPORATION ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

**FILED** 

Apr 24 1997 8:00am

|   | 1997  | DIVISION OF C                                  | ORPORATIONS   | Secreta   | ary of State   |
|---|---|--|---|---|--|
|   | MENT # P94000<br>ARINE, INC.                      | 017695 (5)                                     |   |   |  |
| *.  |   |  |   |   |  |
| Principal Plac                            | e of Business                                     | Mailing Address                                |   |   | 8110  158  10010 11116 fo()  1111 1001                                 |
| 2236 PARK STREET<br>JACKSONVILLE FL 32204 |   | 2236 PARK STREET<br>JACKSONVILLE FL 32204-4316 |   |   |  |
| US  |   | US   |   |   |  |
|   |   |  |   | 3. Date Incorporated or Qualified 02/16/1994  | 3a. Date of Last Report<br>08/07/1996                                  |
| 2. Principal Place of Business            |   | 2a. Mailing Address                            |   | 4. FEI Number   | Applied For  |
| 21  |   | 26   | ·····   | 59-3244445  | Not Applicable   |
| Sulte, Apt.                               | .#, etc.  | Suite, Apt. #, etc.                            |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| Gity & Stat                               | le  | City & State                                   |   | 6. Election Campaign Financing  | <b>\$5.00</b> May Be   |
| 23  |   | 28   |   | Trust Fund Contribution   | Added to Fees  |
| Zip<br>24                                 | Country 25  | Zip 29   | Country<br>30   | This corporation has liability for<br>Florida Statutes                              | intangible tax under s. 199.032,<br>☐ Yes ☐ No                         |
|   | 9. Name and Address of Curren                     |  |   | 10. Name and Address of New Re  |  |
| GROSHELL, HOWARD G JR                     |   |  | 81 Name   |   |  |
|   | 3 Park St.<br>Ksonville fl 32204                  |  | 82 Street Add   | ress (P.O. Box Number is Not Acceptat   | olo)   |
| JAU                                       | NOUNVILLE FL 32204                                |  | 83  |   |  |
|   |   |  | 84 City   |   | 85 Zip Code  |
|   | 10  | 0 10074600 64 14 0                             |   |   | FL   |
| office or I                               | registered agent, or both, in the State           | of Florida, Such change was a                  | es, the above-named corpora<br>uthorized by the corpora | poration submits this statement for the partion's board of directors. I hereby acce | purpose of changing its registered<br>pt the appointment as registered |
|   | / · · · · / · / · / · / · / · / · / · /           |  | nda sigiules.   |   |  |
| SIGNATURE                                 | Signature, typed or ponted name of registered app | nt and tible if applicable (NOTE               | Registered Agent's gnature requ                         |   | DATE   |
| 12.                                       | OFFICERS AND                                      | DELETE   | 13.   | ADDITIONS/CHANGES TO OFFIC  | CERS AND DIRECTORS IN 12  Change                                       |
| NAME                                      | GROSHELL, HOWARD G JR                             | _  | 12 NAME   |   | · — •  |
| STREET ADDRESS                            | 2236 PARK ST.                                     |  | 1 3 STREET ADDRESS                                      |   |  |
| CITY-ST-ZIP<br>TITLE                      | JACKSONVILLE FL 32204                             | DELETE   | 14 CHY-SI-7IP   | <del></del>   | Change Addition  |
| NAME                                      |   |  | 21 TPLE<br>22 NAME                                      |   | C change C Addition  |
| STREET ADDRESS                            |   |  | 2 3 STREET ADDRESS                                      |   |  |
| CITY-\$T-ZIP                              |   |  | 2 4 CITY - S1 - ZIP                                     |   |  |
| TITLE                                     |   | DELETE   | 3.1 TITLE   | "   | Change Addition  |
| NAME<br>STREET ADDRESS                    |   |  | 3.2 NAME  3.3 STREET ADDRESS                            |   |  |
| CITY-ST-ZIP                               |   |  | 3.4. CITY - \$1 - ZIP                                   |   |  |
| TITLE                                     |   | DELETE   | 4 1 111LE   |   | Change Addition  |
| NAME                                      |   |  | 4. 2 NAME   |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP             |   |  | 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP                       |   |  |
| TITLE                                     |   | DELETE   | 5.1 TITLE   |   | Change Addition  |
| NAME                                      |   |  | 5.2 NAME  |   |  |
| STREET ADDRESS                            |   |  | 5.3 STREET ADDRESS                                      |   |  |
| CITY-\$T-ZIP<br>TITLE                     |   | DELETE   | 5.4 CITY+ ST+ ZIP<br>6.1 NITLE                          |   | Change Addition  |
| NAME                                      |   |  | G.2 NAME  |   | -  |
| STREET ADDRESS                            |   |  | 6.3 STREET ADDRESS                                      |   |  |
| CITY-ST-TIP                               | 1.60  |  | - 6.4 CITY - ST - ZIP                                   |   |  |

14. I do hereby certify that the information supplied with this filling 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.

ON4-289-1341