FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000036391 (8)**

1. Corporation Name

MLC OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
9000 REGENCY SQUARE BLVD. SUITE 201 JACKSONVILLE FL 32211	9000 REGENCY SQUARE BLVD. SUITE 201 JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: **05/06/1994**
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business
21 9440 Phillips Highway
Suite, Apt. #, etc.
22 #9
City, & State
23 Jacksonville, Florida
Zip 24 32256 Country 25 Duval

2a. Mailing Address
26 9440 Phillips Highway
Suite, Apt. #, etc.
27 #9
City, & State
28 Jacksonville, Florida
Zip 29 32256 Country 30 Duval

4. FEI Number: **59-3242708** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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

MONTGOMERY, MITCHELL R
~~9000 REGENCY SQUARE BLVD.~~ 9440 Phillips Highway
~~SUITE 201~~ Suite 9
JACKSONVILLE FL ~~32211~~ 32256

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 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MONTGOMERY, MITCHELL R.		1.2 NAME		
STREET ADDRESS	~~9000 REGENCY SQ BLVD #201~~		1.3 STREET ADDRESS	9440 Phillips Highway, #9	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	32256	
2 TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HITE, PATSY A.		2.2 NAME		
STREET ADDRESS	~~9000 REGENCY SQ BLVD #201~~		2.3 STREET ADDRESS	9440 Phillips Highway, #9	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	32256	
3 TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Mitchell R. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96
Date

904/260-9446
Daytime Phone #