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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

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DOCU 1. Corporation	MENT # P9400	0036391 (8	3)		ĺ				
	OF JACKSONVILLE, INC.	•	•						
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Principal Plac	ce of Business	Mailing Address				191001 112 LBIAL B1011 00911 &01	iil Beill Baia I IIIs Alia	S ISSIM IMIMI TIMI IMMI	
9440 PHILLIPS HIGHWAY 9440 PHILLIPS HIGHWAY					1				
9 9 Jacksonville fl 32256 Jacksonville fl 32256						DO NOT WE	ITE IN THIS SPACI	=	
US US					3. Date In	3. Date Incorporated or Qualified			
					05/0	06/1994			
Principal Place of Business Za. Mailing Address								Applied For	
21 26					59	-3242708		Not Applicable	
	Suite, Apt. #, etc.			5. Certificate of Status Desired			1.00	3.75 Additional	
22 27 City & State City & State					Fee Required				
23		28				n Campaigh Financing und Contribution		5.00 May Be dded to Fees	
Zip	Country Zip			ntry	8. This corporation owes or has paid the current year Intangible				
24	25	29	30	•		al Property Tax due Ju			
	9. Name and Address of Curren	t Registered Agent			10. Name	and Address of New	Registered Agent		
M	ONTGOMERY, MITCHELL R			81 Name					
9440 PHILLIPS HIGHWAY				82 Street	Address (P.O. Box	Number is Not Accep	table)	<u>·</u>	
9						_==		<u> </u>	
J <i>A</i>	ACKSONVILLE FL 32256			83					
			Ī	84 City			FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Stat	tutes, the ab	ove-named	corporation submi	ts this statement for th		ging its registered	
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with. and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	s authorized Florida Stati	l by the cor ites.	poration's board of	directors. I hereby ac	cept the appointme	int as registered	
SIGNATURE									
	Signature, typed or printed name of registered ager			Agent signature	required when reinstating		DATE		
12.	OFFICERS AND DIRECTORS DELETE		13.	r	ADDITIC	ONS/CHANGES TO OF	FICERS AND DIRE		
NAME	MONTGOMERY MITCHELL B	MONTGOMERY, MITCHELL R.					ں تے	large La Addition	
STREET ADDRESS	9440 PHILLIPS HIGHWAY, #9		1.2 NA	REET ADDRESS		i			
CITY-ST-ZIP	JACKSONVILLE FL	-		Y-ST-ZIP				}	
TITLE	V	DELETE	2.1 TIT				☐ CH	nange Addition	
NAME	HITE, PATSY A.		2.2 NA	ИĒ				İ	
STREET ADDRESS	9440 PHILLIPS HIGHWAY, #9	9	2.3 STF	EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		2, 4 CF	Y-ST-ZIP	V				
TITLE		☐ DELETE	3,1 TIT	E	Royce	c. Gandy Hips Hwy + wille, 7/	☐ Ct	nange 🔀 Addition	
NAME			3,2 NA	ME	OYUN PAI	11:05 Hwy +	£9		
STREET ADDRESS			3,3 STI	REET ADDRESS	T 450	4/	2000		
CITY - ST - ZIP				Y-ST-ZIP	JACKSON	VINE,			
TITLE		L DELETE	4,1 TIT				☐ C l	nange Addition	
NAME			4, 2 NA	_		1		į	
STREET ADDRESS				EET ADDRESS		T .		1	
CITY - ST - ZIP TITLE	<u> </u>	☐ DELETE	4.4 CIT	Y-ST-ZIP			□ Ch	ange Addition	
NAME			5.2 NAI			ļ			
STREET ADDRESS				eet address)			
			1		ļ	1			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITI	<u>r-st-zip</u> E			☐ Ch	ange Addition	
NAME			6,2 NA						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP		_			
	certify that the information supplied will	th this filing does not qualify			ed in Section 119.0	7(3)(i), Florida Statutes	. I further certify th	at the information	

4. I 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.

SIGNATURE:

Palsy UPZ SACTHEL

1-26-98 (904)260-8446