

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996. AMOUNT DUE ON OR BEFORE 8/8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042989 (1)

1. Corporation Name

LEXICOM, INC.

Principal Place of Business

Mailing Address

2301 PARK AVE.
SUITE 404
ORANGE PARK FL 32073

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SUITE 404
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

3a. Date of Last Report

06/06/1994

4. FBI Number

59-3846714

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLER, BARRY J
2301 PARK AVE.
SUITE 404
ORANGE PARK FL 32073

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT, DIRECTOR
NAME	STEPHEN J. DUVAL
STREET ADDRESS	2301 PARK AVENUE, SUITE 402
CITY - ST - ZIP	ORANGE PARK, FLORIDA, 32073
TITLE	TREASURER/DIRECTOR
NAME	SHIRLEY A. DUVAL
STREET ADDRESS	2301 PARK AVENUE, SUITE 402
CITY - ST - ZIP	ORANGE PARK, FLORIDA 32073
TITLE	VICE PRESIDENT-RESEARCH & DEVELOP/ DIRECTOR
NAME	NICK CARTER
STREET ADDRESS	10336 AUTUMN VALLEY ROAD
CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32257
TITLE	VICE PRESIDENT-OPERATIONS/DIRECTOR
NAME	CATHY SCHNEIDER
STREET ADDRESS	10336 AUTUMN VALLEY ROAD
CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32257
TITLE	SECRETARY/DIRECTOR
NAME	BARRY J. FULLER
STREET ADDRESS	2301 PARK AVENUE, SUITE 404
CITY - ST - ZIP	ORANGE PARK, FLORIDA, 32073
TITLE	VICE-PRESIDENT/SALES & MKTG./DIRECTOR
NAME	JULIET C. FULLER
STREET ADDRESS	2301 PARK AVENUE, SUITE 404
CITY - ST - ZIP	ORANGE PARK, FLORIDA 32073

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/95 9042640585

CR2E034 (3/95)