

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000049450 (7)**

1. Corporation Name
THE AVCON GROUP, INC.



Principal Place of Business: **3673 FOXCROFT RD JACKSONVILLE FL 32257**
Mailing Address: **3673 FOXCROFT RD JACKSONVILLE FL 32257**

2. Principal Place of Business: 21 []
State, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 **PO BOX 57787**
State, Apt. #, etc.: 27 []
City & State: 28 **Jacksonville, FL**
Zip: 29 **32241** Country: 30 **DUVAL**

3. Date Incorporated or Qualified: **07/05/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **APPLIED FOR 59-3252442** 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. 189.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent
**THOMPSON, MALCOLM A
3673 FOXCROFT RD
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent
81 Name: **Thompson, Malcolm A**
82 Street Address (P.O. Box Number is Not Acceptable): **6653 POWERS AVE # 134**
83 []
84 City: **Jacksonville** FL 85 Zip Code: **32217**

11. Pursuant to the provisions of Sections 607.081(2) and 607.1004, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agree to the obligations of Section 6.17.0605, Florida Statutes.

SIGNATURE: *[Signature]* Date: **3-20-94**

12. OFFICERS AND DIRECTORS

1. TITLE	PSTD	<input checked="" type="checkbox"/> DELETED
2. NAME	THOMPSON, MALCOLM A	
3. STREET ADDRESS	3673 FOXCROFT RD	
4. CITY, ST, ZIP	JACKSONVILLE FL 32257	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Thompson, Malcolm A	
3. STREET ADDRESS	6653 POWERS AVE # 134	
4. CITY, ST, ZIP	Jacksonville, FL 32217	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied on this form is true and correctly furnished and I do not do so for the even though state of Section 119.07(3)(a), Florida Statutes. I further certify that the information is stated in this report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee or person proposed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* Date: **3-20-94**
MALCOLM A. THOMPSON - OWNER PSTD
Reg by Bank 904-730-0708

CR2E034 (12/95)