

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUN-1_Corporation	MENT # P94000	052053					
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		Mailing Address			{  3    4    4     4     4    4   4   4	[/]  <b>05</b> ]   <b>46</b> ] 0	OTT ESTRY BYING JITT 1801
Principal Place		Mailing Address 8956 PHILIPS HWY.					
8956 PHILIPS HI JACKSONVILLE		JACKSONVILLE FL 322	56	,			•
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l				3.	Date Incorporated or Qualifed		
					07/21/1994		A-st-d For
	ace of Business	Za. Mailing Address		] 4	FEI Number		Applied For Not Applicable
21		26			59-323 1923		3.75 Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5.	Certificate of Status Desired	Li 4.	Fee Required
22	<del></del>	City & State	<del></del>		Election Campaign Financing		5.00 May Be
City & State	<del>u</del>	28		0	Trust Fund Contribution	11	Added to Fees
Zip	Country	Zip	Country		This corporation owes the cun		
24	25	29	30	"	Personal Property Tax.	, DY	
<del></del>	9. Name and Address of Currer			10	Name and Address of New	Registered Agen	1
			81 N	ame			
JACKSON, CHRIS			82 S	treet Address (	P.O. Box Number is Not Accept	able)	
	BLACK CREEK TRA						
GREE	EN CV SPRING FL 32043		83				
			84 C	ity		85	Zip Code
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11. Pursuant t	TO THE DICASSIONS OF SECTIONS DOLVING	iz and our. joue, rionua o	MICHA! HIS SPOACHIN	nuen enuber ano	M-Officialité dute étateuseur ioi na	THE CALCULATION	t on cools orad
SIGNATURE	to the provisions of Sections 807.050 egistered agent, or both, in the State on familiar with, and accept the obliga-			_			it as registered
SIGNATURE	Signeture, typed or printed name of registered age	nt and the if applicable.	NOTE Registered Agent sign	nature required when	reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AR	nt and title if applicable. ()	NOTE Registered Agent eign 13.	rusture required when	reinstailing) ADDITIONS/CHANGES TO OF	DATE FICERS AND DI	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND	nt and the if applicable.	NOTE Registered Agent sign 13.	rusture required when	reinstailing) ADDITIONS/CHANGES TO OF	DATE FICERS AND DI	RECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN D JACKSON, CHRISTOPHER	ni and title if applicable. (I) 4D DIRECTORS	NOTE Registered Agent eign 13. E 1.1 TITLE 12 NAME	PR	reinstalling) ADDITIONS/CHANGES TO OF ESIDENT, Cheistepher Black ERERKARA	DATE FICERS AND DII TACTSON TO	BECTORS IN 12 hange Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND D JACKSON, CHRISTOPHER 295 PEARWOOD CIRCLE EAS	ni and title if applicable. (I) 4D DIRECTORS	NOTE Registered Agent sign 13.	PROPESS 3153	reinstalling) ADDITIONS/CHANGES TO OF esident, Christopher B Black ERERKARS En Cove Springs, F	DATE FICERS AND DII TACTSON TO	BECTORS IN 12 hange Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D JACKSON, CHRISTOPHER	ni and title if applicable. (I) 4D DIRECTORS	NOTE: Registered Agent agr 13. E 1.1 TITLE 1.2 NAME 1.3 STREET ADO 1.4 CITY-ST-ZP	PRESS 3153	reinstaling)  ADDITIONS/CHANGES TO OF  ESIDENT, Cheistepher  Black Exect Are  Cove Springs, F  - Prosident	FICERS AND DIE TACTSON TO 1. 3304	BECTORS IN 12 hange Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND OFFICERS AND OFFICERS AND D JACKSON, CHRISTOPHER 295 PEARWOOD CIRCLE EAS	ni and title if applicable. (I)  ID DIRECTORS  DELETI	NOTE: Registered Agent agr 13. E 1.1 TITLE 1.2 NAME 1.3 STREET ADO 1.4 CITY-ST-ZP	PROPESS 3153 GREAT	reinstalling) ADDITIONS/CHANGES TO OF esident, Christylane Black éreek are en Core Springs, F -Plesident	FICERS AND DIE	RECTORS IN 12 hange
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Daytime Phone #