

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 10:15

DOCUMENT # **P94000062185 (1)**

1. Corporation Name
L. J. CARNS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6653 POWERS AVENUE
JACKSONVILLE FL 32217**

Mailing Address
**6653 POWERS AVENUE
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 **5971 POWERS AVE.**

26 **Box 23006**

59-3174292

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 **SUITE #3**

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under § 199.099 Florida Statutes

Yes No

24 **32217**

25 **USA**

28 **32241**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, LEONARD L
6653 POWERS AVENUE
JACKSONVILLE FL 32217**

81 Name
NIKARRA YOUNG

82 Street Address (P.O. Box Number is Not Acceptable)
5971-03 POWERS AVE.

83 **SUITE #3**

84 City
JACKSONVILLE FL

85 Zip Code
32217

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|------------------------------|
| 12.1 TITLE | D |
| 12.2 NAME | BELL, LEONARD L |
| 12.3 STREET ADDRESS | 6653 POWERS AVENUE |
| 12.4 CITY, ST, ZIP | JACKSONVILLE FL 32217 |
| 12.5 TITLE | D |
| 12.6 NAME | YOUNG, NIKARRA T |
| 12.7 STREET ADDRESS | 6653 POWERS AVENUE |
| 12.8 CITY, ST, ZIP | JACKSONVILLE FL 32217 |
| 12.9 TITLE | |
| 12.10 NAME | |
| 12.11 STREET ADDRESS | |
| 12.12 CITY, ST, ZIP | |
| 12.13 TITLE | |
| 12.14 NAME | |
| 12.15 STREET ADDRESS | |
| 12.16 CITY, ST, ZIP | |
| 12.17 TITLE | |
| 12.18 NAME | |
| 12.19 STREET ADDRESS | |
| 12.20 CITY, ST, ZIP | |

| | |
|----------------------|--|
| 13.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | DIRECTOR |
| 13.3 STREET ADDRESS | YOUNG, NIKARRA |
| 13.4 CITY, ST, ZIP | 5971-03 POWERS AVE. |
| 13.5 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME | BELL, PATRICIA |
| 13.7 STREET ADDRESS | 5971-03 POWERS AVE |
| 13.8 CITY, ST, ZIP | JACKSONVILLE, FL |
| 13.9 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 13.10 NAME | D |
| 13.11 STREET ADDRESS | YOUNG, SEAN |
| 13.12 CITY, ST, ZIP | 5971-03 POWERS AVE. |
| 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY, ST, ZIP | |
| 13.17 TITLE | |
| 13.18 NAME | |
| 13.19 STREET ADDRESS | |
| 13.20 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)(b), 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 the 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:

SEAN YOUNG

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-25-95

(904) 367-0288

Phone (Optional Phone #)