

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90236 023 ***150.00

DOCUMENT # P94000062195

1. Corporation Name
ELAN, INC.



Principal Place of Business

Mailing Address

~~2026 HENDRICKS AVE.~~
~~JACKSONVILLE FL 32207~~

~~2026 HENDRICKS AVE.~~
~~JACKSONVILLE FL 32207~~

1321 HOLMESDALE ROAD } 1321 HOLMESDALE RD
JACKSONVILLE, FL. 32207 } JAN. FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1321 Holmesdale Road

26 1321 Holmesdale Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

23 City & State

28 City & State

24 Jan. FL.

29 Jan. FL.

Zip

Zip

32207

32207

Country

Country

25 Duval

30 Duval

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

159-3278327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SHANK, KATHLEEN
1360 NICHOLSON ROAD
JACKSONVILLE FL 32207

- marriage 9/98

10. Name and Address of New Registered Agent

81 Name Kath Shank Crawford

82 Street Address (P.O. Box Number is Not Acceptable)

1321 HOLMESDALE ROAD

83 JACKSONVILLE

84 City

FL

85 Zip Code

32207

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 607.1505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME SHANK, KATHLEEN L
STREET ADDRESS 1360 NICHOLSON RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 STREET ADDRESS
1.3 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DPST
Kathleen Shank Crawford
1321 Holmesdale Road
JACKSONVILLE, FL. 32207

1.1 TITLE
1.2 STREET ADDRESS
1.3 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other information empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature typed or printed name of signing officer or director

Date

Daytime Phone #

4/16/99 904-398-0403

CR2E034 (11/98)