

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068756 (3)

1. Corporation Name

ONE OF ONE INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/15/1994

4. FEI Number

Applied For
Not Applicable

59-3291473

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This corporation has liability for redemptive tax under § 1.101-1, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Name

25. Name

29. Name

30. Name

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, SUE E
3731 OLD LEWIS SPEEDWAY
ST AUGUSTINE FL 32095

81. Name

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

83. City

84. Zip

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0503 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP
12a. NAME	12b. STREET ADDRESS	12c. CITY	12d. STATE	12e. ZIP

13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP
13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP

V-CHARLES ROELKE ☐ Change ☒ Addition
3731 OLD LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32095

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021, Florida Statutes. Further, I 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 manager or business 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.

SIGNATURE:

Sue Ellen Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95 904-823-8638
Date Telephone Number