DOCUMENT # P94000077010 (4) A C GENERAL INC. Principal Place of Business Maing Address PD. DOX 5706 Sole Sol		E NOW: FILING FEE A PROFIT RPORATION JAL REPORT 1998	FLORIDA DEPAI Sandra I Secreta	A \$050.00 ATMENT OF STATE 3. Mortham iny of State CORPORATIONS	FIL Jan 20 199 Secretary	
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B. Name and Address of Curront Registered Agent JOHNSTON, JOHN MICHAEL 7662 HLLSIDE DRIVE JACKSONVILLE FL 32221 B City FL B Street Address (P.O. Box Number is Not Acceptable) B Street Address (P.O. Box Number is Not Acceptable) B Street Address (P.O. Box Number is Not Acceptable) St	<u> </u>	<u> </u>				
JACKSONVILLE FL 32221 82 Street Address (P.O. Box Number is Not Acceptable) 33 44 Otry FL 85 Zip Code 11. Pressant to the provision of Sections 607 0600 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered genen. Lam tember with, and accept the coblgations of Section 607 0600, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered genen. Lam tember with, and accept the coblgations of Section 607 0600, Florida Statutes, the above-named corporation's baard of clinictors. I hereby accept the coblgations of Section 607 0600, Florida Statutes, the above-named corporation's baard of clinictors. I hereby accept the coblgations of Section 607 0600, Florida Statutes, addition's baard of clinictors. I hereby accept the coblgations of Section 607 0600, Florida Statutes, addition's Section 607 0600, Florida Statutes, addition florida Statutes, addition's Section 607 0600, Florida Statutes, addition's Section 607 0600, Florida Statutes, addition florida Statutes, addition's florida Statutes, addition's florida Statutes, add		9. Name and Address of Current				
JACKSONVILLE FL 32221						
Bit City Bit Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the collipations of, Section 607.0502, Portical Statutes, adult of the application. SIGNATURE Image: State of Florida, Statutes, The above advect and the application. DATE 12. OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12. NM4 JOHNSTON, JOHN MICHAEL 12.1111E I Change Addition NM4 JOHNSTON, JOHN MICHAEL 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12. NM4 JOHNSTON, JOHN MICHAEL 12.1111E I Change Addition NM4 STRETADRESS 14.21111E I Change Addition NM4 STRETADRESS 24.0017.51.2P I contrast.2P I contrast.2P NM4 STRETADRESS 33.51874.20082S I contrast.2P I contrast.2P NM4				82 Street Add	iress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above named corporation submits this statement for the purposes of changing its 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, and accept the obligation of Section 607.0505, Florida Statutes, we have a the provision's board of directors. I hereby accept the appointment as registered agent, and the regent agent, and the registered agent, and th				83		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named output the corporation's board of directors. I hereby accept the applicate of adapting its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				84 City	······································	EI 85 Zip Code
SIGNATURE Signature, hipset or private name of registered agent and the # apolicable. INOTE. Registered Agent signature not_rived when relevanting). DATE 12. OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 12 TITLE D Change Addition NAME JOHNSTON, JOHN MICHAEL 11 TITLE Change Addition TREE ADDRESS 7662 HILLSIDE DRIVE 13 Emet Address Change Addition TITLE D DELETE 11 TITLE Change Addition NAME STRICKLAND, DANIEL H 23 STRET ADDRESS Change Addition STRET ADDRESS 14999 THOMAS MILL ROAD 23 STRET ADDRESS Change Addition NAME STRET ADDRESS 33 STRET ADDRESS Change Addition STRET ADDRESS 0ELETE 31 TITL Change Addition NAME 32 NAME 33 STRET ADDRESS Change Addition STRET ADDRESS 33 STRET ADDRESS Change Addition NAME STRET ADDRESS Change	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Fiorida Statute	es, the above-named cor,	poration submits this statement for the pur	
Signature A used or private and used of an attack if applicable INCITE. Registered A gene alignature required when reinstance) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 11 TITLE DELETE 12 TITLE NAME JOHNSTON, JOHN MICHAEL 13 STREET ADDRESS 7662 HILLSIDE DRIVE 13 STREET ADDRESS 7662 HILLSIDE DRIVE 13 STREET ADDRESS 13 STREET ADDRESS 14 Gene 1 Addition TITLE D DELETE 21 TITLE D Change Addition STRET ADDRESS 14993 THOMAS MILL ROAD 23 STREET ADDRESS Change Addition STRET ADRESS JACKSONVILLE FL 32205 2 A OTY -ST- 2P D Change Addition TITLE DELETE 31 TITLE 21 TITLE Addition NAME STRET ADDRESS 33 STRET ADDRESS Change Addition ITTLE DELETE 31 TITLE Change Addition NAME STRET ADDRESS Change Addition STRET ADDRESS STRET ADDRESS Chang		egistered agent, or boin, in the State of m familiar with, and accept the obligati	nonda. Such change was a cons of, Section 607.0505, Fig	authorized by the corpora prida Statutes.	tion's board of directors. I hereby accept	the appointment as registered
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indicated on this annual report or supplemental annual report is trug 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 received or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my annears in	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	D Johnston, John Michael 7662 Hillside Drive Jacksonville FL 32221 D Strickland, Daniel H 14999 Thomas Mill Road		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 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 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		AND DIRECTORS IN 12 Change Addition
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