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 May 06, 1999 8:00 am Secretary of State 05-06-1999 90260 038 ***150.00

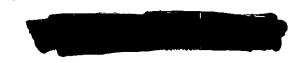
FILED

DOCUMENT # P94000077472 V

THEODORE M. BRINK AND ASSOCIATES, P.A.

Mailing Address Principal Place of Business 9393-1 ARLINGTON EXPWY 9393-1 ARLINGTON EXPWY JACKSONVILLE FL 32225 JACKSONVILLE FL 32225

9. Name and Address of Current Registered Agent



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/17/1994 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 59-3274638 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22

Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Zip Zip Country 8. This corporation owes the current year Intangible [MNo 29 30 Personal Property Tax. 25

KNIGHT, JOHN E III 1609 GULF LIFE DR JACKSONVILLE FL 32207

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	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

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 a	m familiar with, and accept the obligations	of, Section 607.0505, Flori	ida Statutes.				
SIGNATURE	Signature, typed or ponted name of registered agent and til	tle if applicable (NOTE:	Registered Agent signature required wh	en reinstating) DATE			
12.	OFFICERS AND DIE		13.	ADDITIONS/CHANGES TO OFFICERS A	S/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition	
NAME	BRINK, THEODORE M		12 NAME				
STREET ADDRESS	9398-1 ARLINGTON EXPWY		1 3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32225		1,4 CITY-ST-ZIP				
TITLE	DPST	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	BRINK, THEORDORE M		2.2 NAME	_	•		
STREET ADDRESS	9398-1 ARLINGTON EXPWY		2.3 STREET ADDRESS	•			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				
TITLE	· · · · · ·	☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CITY+ST+ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-85

904-200-2007

CR2E034 (11/98)

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