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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



FILED Apr 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 512 WEST ADAMS STREET JACKSONVILLE FL 32202 Mailing Address 512 WEST ADAMS STREET JACKSONVILLE FL 32202 Mailing Address					·				
						 Date Incorporated or Qualifie 10/27/1994 		ate of La 01/199	st Report
	Place of Business	2a. Mailing Ad	Idress			4. FEI Number) OLI	1,100	Applied For
21		26 Suite Apt	II oto		·····	59-3277504			Not Applicable
Suite, Ap	u #, esc	27 Suite, Apt.	#, D IC.			5. Certificate of Status Desired			75 Additional e Required
City & St.	ato	City & State	le			Election Campaign Financing Trust Fund Contribution	, , 		00 May Be led to Fees
Ζφ.	Country	Zip	T	Country	/	8. This corporation has liability			
24]	25	29	30	0]		Florida Statutes	☐ Yes	□ No	·
·	9. Name and Address of	Current Registered Agen	<u>it</u>		Y	10. Name and Address of New	Registered	Agent	
	OWN, SUSAN F			81	Name				
	WEST ADAMS STREET			82	Street Ad	ddress (P.O. Box Number is Not Accep	table)		·····
JAL	CKSONVILLE FL 32202			83	 				
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	•			84	City		FL	85	Zip Code
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office o agent. (SIGNATURE						orporation submits this statement for the oration's board of directors. I hereby ac	DATE		- de regionale
	Signaturi, lypedict projed ner eichlegis OFFICE						DATE		
SIGNATURE	Signatur Typed or partid their eithers OFFICE	tered agent and tille if applicable. RS AND DIRECTORS		registered Agr		equired when reinstating)	DATE		TORS IN 12
SIGNATUR: 12. THE	S. ci. anni. Expedict period there a chegs OFFICE PD JOHNSON, TIMOTHY D	tered agent and tille if applicable. RS AND DIRECTORS	(NOTE: F	13. 1.1 T(TLE 1.2 NAME	ent signature re	equired when reinstating)	DATE	D DIREC	TORS IN 12
SIGNATURE 12. THE NAME STIME LABORES	OFFICE PD JOHNSON, TIMOTHY D 2768 COFFEE DR	tered agent and tille if applicable. RS AND DIRECTORS	(NOTE: F	Registered Age 13. 1.1 FITLE 1.2 NAME 1.3 STREET	ent signature ra	equired when reinstating)	DATE	D DIREC	TORS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS OUT ST-74P	OFFICE PD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA	tered agent and tille if applicable. RS AND DIRECTORS	(NOTE F	13. 1.1 YITLE 1.2 NAME 1.3 STREET	ent signature ra	equired when reinstating)	DATE	D DIREC Char	TORS IN 12 rge Addition
SIGNATURE 12. THE NAME SIMILIALORES CITY ST-789 THEE	PD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA	tered agent and tille if applicable. RS AND DIRECTORS	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE	ent signature ra	equired when reinstating)	DATE	D DIREC	TORS IN 12 rge Addition
SIGNATURE 12. THE NAME SIMILIALORES CITY ST. 709 THE	PD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA	tered agent and tille if applicable. RS AND DIRECTORS	(NOTE F	13. 1.1 HILE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 HILE 2.2 NAME	rnt signature re	equired when reinstating)	DATE	D DIREC Char	TORS IN 12 rge Addition
SIGNATURE 1 ILE NAME SINTLI ALORES CITY ST. 7/P TITLE NAME SIRE/ LADORES	PD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA VD JOHNSON, TIMOTHY D	tered agent and tille if applicable. RS AND DIRECTORS	(NOTE F	13. 1.1 HILE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 HILE 2.2 NAME	ADDRESS	equired when reinstating)	DATE	D DIREC Char	TORS IN 12 rge Addition
SIGNATURE 1 ILE NAME SINTETALORES CITY ST-70P TITLE NAME SIRE/TADORES CITY-ST-70P	PD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA VD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA VD JOHNSON, TIMOTHY D 2768 COFFEE DR VALDOSTA GA SD	tered agest and tille it applicable. RS AND DIRECTORS	(NOTE F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	equired when reinstating)	DATE	D DIREC Char	TORS IN 12 ige Addition age Addition
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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 fam 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.

Daytime Phone # 0028933