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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 09 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000093560 (8)

52 FOX VALLEY DR ORANGE PARK FL 32073 US 52 FOX BALLEY DR ORANGE PARK FL 32073 US DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified	ACE
12/28/1994	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 59-3288556	Not Applicable
□ I B. Cartificate of Status Desired I	\$8.75 Additional
22] [27]	Fee Required .
City & State 6, Election Campaign Financing 7 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curren	
24 25 29 30 Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Age	ent
DAVID A AKERS 81 Name	
52 FOX VALLEY DR 82 Street Address (P.O. Box Number is Not Acceptable)	
ORANGE PARK FL 32073	
63	
84 City 8	85 Zip Code
FL '	
11 Pursuant to the attivisions of Sections 507 0502 and 507 1508. Florida Statutes, the above-named corporation submits this statement for the burpose of ch	nanging 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 appoint	ntment as registered
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 choffice 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 appoint agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	ntment as registered
SIGNATURE have G. When 3-2-	ntment as registered
SIGNATURE Signature, typind or printed name of registered again; and title of applicable. (NOTE: Registered Agant signature required when reinstating) DATE	78
SIGNATURE Signature, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	78
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PSTD DELETE 1.1 TITLE	PIRECTORS IN 12
SIGNATURE SIGNAT	PIRECTORS IN 12
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	DIRECTORS IN 12 Change Addition
SIGNATURE	DIRECTORS IN 12 Change Addition
SIGNATURE	DIRECTORS IN 12 Change Addition
SIGNATURE	DIRECTORS IN 12 Change Addition
SIGNATURE	PIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE	DIRECTORS IN 12 Change Addition
SIGNATURE	PIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE	PIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE STORMAND STREET ADDRESS	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. AMDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JUD, ERIC J STREET ADDRESS CITY-ST-ZIP JUD, ERIC J STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 32 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	PIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature byte doe printed name of repostered agent and the Happiteabre 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11TILE NAME AKERS, DAVID A STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-2IP TITLE DELETE 3.1 TITLE AMME 3.2 NAME 3.3 STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE DELETE 3.1 TITLE ANAME 3.2 NAME 3.3 STREET ADDRESS CITY-S1-2IP TITLE DELETE 4.1 TITLE ANAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-2IP TITLE NAME 4.4 CITY-S1-2IP TITLE NAME 4.5 NAME 4.5 STREET ADDRESS CITY-S1-2IP TITLE DELETE 5.5 TITLE DELETE 5.5 TITLE NAME 5.5 NAME	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. AMDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JUD, ERIC J STREET ADDRESS CITY-ST-ZIP JUD, ERIC J STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3 STREET ADDRESS A3 STREET ADDRESS A3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE DELETE STITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET A	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE SigMature, tyted or printed name of trop seried agent and title of agricative. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME AKERS, DAVID A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature type of prince appear and the interpretation (NOTE Registered Agent signature required when retriatating) DATE	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature type of or princed range of top seried agent and reto if approaches PSTD AKERS, DAVID A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition

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.