	PROFIT RPORATION JAL REPORT 1999	FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90022 020 ***158.75		
 Corporation 	MENT # P95000					
Principal Place of Business 509 LAUREL ROAD ACKSONVILLE FL 32207		Mailing Address 2509 LAUREL ROAD JACKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE		
Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 01/19/1995 4. FEI Number Applied For	_	
Suite, Apt.		26 Suite, Apt. #, etc.		5. Certifcate of Status Desired Status Desired Fee Required	le	
2 City & Stat	le	27 City & State 28		6. Election Campaign Financing Trust Fund Contribution		
Zip 4	Country	Zip 29	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes		
	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Registered Agent		
SURRATT, A T 2509 LAUREL ROAD JACKSONVILLE FL 32207			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
5401			84 City	85 Zip Code	-	
 Pursuant office or r agent. I a 	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa pations of, Section 607.0505,	atutes, the above-named curves, the above-named curves authorized by the corpor Florida Statutes.	FL proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered 4L - 2A - 99.	d	
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed number registered ag	e of Florida. Such change wa patiente of, Section 607.0505, yent and title if applicable. (N	IS authorized by the corpor Florida Statutes. IOTE: Registered Agent signature req	ation's board of directors. Thereby accept the appointment as registered $\frac{4-20-99}{\text{DATE}}$		
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State am familiar with, and accept the oblig Signature: typed or printed number fogistered ag OFFICERS A	e of Florida. Such change wa pations of, Section 607.0505,	IS authorized by the Corpor Florida Statutes. IOTE: Registered Agent signature req 13.	ation's board of directors. Thereby accept the appointment as registered $4-20-99$.		
office or r agent. I a SIGNATURE 12.	Bignature, typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS	e of Florida. Such change wa patient of, Section 607.0505, yent and title if applicable. (N ND DIRECTORS	IS authorized by the Corpor Florida Statutes.	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
office or r agent. I a SIGNATURE 2. TLE AME TREET ADDRESS	Bignature: typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS 2509 LAUREL ROAD	e of Florida. Such change wa patient of, Section 607.0505, yent and title if applicable. (N ND DIRECTORS	IS authorized by the Corpor Florida Statutes. IOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
office or r agent. I a SIGNATURE IL2. ITLE AME ITREET ADDRESS ITY-ST-ZIP	Bignature, typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS	e of Florida. Such change wa patient of, Section 607.0505, yent and title if applicable. (N ND DIRECTORS	IS authorized by the Corpor Florida Statutes. IOTE: Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition	
office or r agent. I a SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	Bignature: typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS 2509 LAUREL ROAD	e of Floripa. Such change wa patione of, Section 607.0505, yent and the if applicable. (N IND DIRECTORS	IS authorized by the Corpor Florida Statutes.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition	
office or r agent. I a SIGNATURE 12. ITTLE	Bignature: typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS 2509 LAUREL ROAD	e of Floripa. Such change wa patione of, Section 607.0505, yent and the if applicable. (N IND DIRECTORS	IS authorized by the Corpor Florida Statutes.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition	
office or r agent. I a SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12	Bignature: typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS 2509 LAUREL ROAD	e of Floripa. Such change wa patione of, Section 607.0505, yent and the if applicable. (N IND DIRECTORS	IS authorized by the Corpor Florida Statutes. INTE: Registered Agent signature req 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	ation's board of directors. Thereby accept the appointment as registered 4 - 20 - 9 9 . DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit Change Change Change	ition	
office or r agent. I a SIGNATURE IZ. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP	Bignature: typed or printed number fregistered ag OFFICERS A SURRATT, TRAVIS 2509 LAUREL ROAD	e of Florida. Such change wa patione of, Section 607.0505, yent and life if applicable. (N IND DIRECTORS	IS authorized by the Corpor Florida Statutes.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ition	
office or r agent. I a SIGNATURE I2. ITLE IAME ITREET ADDRESS ITTY-ST-ZIP ITLE IAME ITTY-ST-ZIP ITLE ITLE IAME ITTET ADDRESS	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: yield or printed number registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa patione of, Section 607.0505, yent and life if applicable. (N IND DIRECTORS	IS authorized by the corpor Florida Statutes.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ition	
office or r agent. I a SIGNATURE 12. ITLE IAME STREET ADDRESS STREET ADDRESS STRY-ST-ZIP ITLE IAME STREET ADDRESS STRY-ST-ZIP	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: yield or printed number registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa patione of, Section 607.0505, yent and life if applicable. (N IND DIRECTORS	IS authorized by the corpor Florida Statutes.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ition	
office or r agent. I a SIGNATURE 12. ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE ITTLE ITTLE ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: yield or printed number registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa patiente of, Section 607.0505, pent and title if applicable. (N IND DIRECTORS DELETE DELETE	IS authorized by the Corpor Florida Statutes.	ation's board of directors. Thereby accept the appointment as registered 4 - 20 - 9 9	ition	
office or r agent. I a SIGNATURE I2. ITLE IAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: Whed or printed number registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa patiente of, Section 607.0505, pent and title if applicable. (N IND DIRECTORS DELETE DELETE	IS authorized by the corpor Florida Statutes.	ation's board of directors. Thereby accept the appointment as registered 4 - 20 - 9 9	ition	
SIGNATURE SIGNATURE IZ. ITLE IAME ITREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: Whed or printed number registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa patiente of, Section 607.0505, pent and title if applicable. (N IND DIRECTORS DELETE DELETE	IS authorized by the Corpor Florida Statutes. INTE: Registered Agent signature req 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ation's board of directors. Thereby accept the appointment as registered 4 - 20 - 9 9	ition ition	
office or r agent. I a SIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TTLE AME TREET ADDRESS ITY-ST-ZIP TTLE AME TREET ADDRESS ITY-ST-ZIP TTLE AME TREET ADDRESS ITY-ST-ZIP TTLE	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: Whed or printed number registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pent and title if applicable. (N IND DIRECTORS DELETE DELETE DELETE	IS authorized by the Corpor Florida Statutes. INTE: Registered Agent signature req 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 4.1 TITLE 4.2 NAME 4.3 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	ation's board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit Change Addit Change Addit Change Addit	ition ition	
office or r agent. I a SIGNATURE ILE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	registered agent, or both, in the Statu am familiar with, and accept the oblig Significant of printed number of registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pent and title if applicable. (N IND DIRECTORS DELETE DELETE DELETE	IS authorized by the Corpor Florida Statutes.	ation's board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit Change Addit Change Addit Change Addit	ition ition	
office or r agent. I a SIGNATURE I2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP	registered agent, or both, in the Statu am familiar with, and accept the oblig Significant of printed number of registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pent and title if applicable. (N IND DIRECTORS DELETE DELETE DELETE	IS authorized by the Corpor Florida Statutes. INTE: Registered Agent signature req 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 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	ation's board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit Change Addit Change Addit Change Addit	ition ition ition	
office or r agent. I a SIGNATURE IILE IAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statu am familiar with, and accept the oblig Significant of printed number of registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pent and title if applicable. (N IND DIRECTORS DELETE DELETE DELETE DELETE	IS authorized by the corpor Florida Statutes.	ation is board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ition ition ition	
office or r agent. I a SIGNATURE 12. 11TLE 14AME STREET ADDRESS CITY-ST-ZIP 11TLE STREET ADDRESS CITY-ST-ZIP 11TLE STREET ADDRESS CITY-ST-ZIP 11TLE STREET ADDRESS CITY-ST-ZIP 11TLE STREET ADDRESS CITY-ST-ZIP 11TLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: yead or printed number of registered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pent and title if applicable. (N IND DIRECTORS DELETE DELETE DELETE DELETE	IS authorized by the Corpor Florida Statutes. INTE: Registered Agent signature req 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 4.1 TITLE 4.2 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 6.3 STREET ADDRESS	ation is board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ition ition ition	
office or r agent. I a SIGNATURE 12. IITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME 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	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature of the oblig OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pert and tite if applicable. (N ND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	IS authorized by the corpor Florida Statutes. INTE: Registered Agent signature req 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ation's board of directors. Intereby accept the appointment as registered 44-20-99. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ition ition ition ition	
office or r agent. I a SIGNATURE IZ. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature: yield or printed number fregistered ag OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pertand vite if applicable. (N IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	IS authorized by the corpor Florida Statutes.	ation's board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit In Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an an an under dot Change Change for the Statutes ind that my name appears in	ition ition ition ition	
office or r agent. I a SIGNATURE IZ. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME	registered agent, or both, in the Statu am familiar with, and accept the oblig Signature of the oblig OFFICERS A D SURRATT, TRAVIS 2509 LAUREL ROAD JACKSONVILLE FL 32207	e of Florida. Such change wa pert and title if applicable. (N IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	IS authorized by the corpor Florida Statutes.	ation's board of directors. Intereby accept the appointment as registered 4 - 20 - 99 - DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit In Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an an an under dot Change Change for the Statutes ind that my name appears in	ition ition ition ition	

SIGNARI				
NATURE AND TYPED OR PRINTED NA	NE OF GIGNIN	VG OFFICER	OR DIRE	CTOR

4-20-99/904-608-1256 Date Dayline Phone #