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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

P95000020306 (3) DOCUMENT #

FILED Feb 11 1997 8:00am Secretary of State

Principal Place 3063 HARTLEY #4 JACKSONVILLI	r RD	Mailing Address P. O. BOX 57354 JACKSONVILLE FL 32241 US	-7354		
US				3. Date Incorporated or Qualified	
2. Principal Pia	ace of Businese	2a. Mailing Address		03/13/1995 4. FEI Number	04/16/1996 Applied For
21 4242	Sunbeam Ro			59-3358203	Not Applicable
Suile, Apt. 1	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Fla.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. This corporation has liability for	······································
24 322	5/ 25 DUVA		30		Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New F	Registered Agent
	en, glenn k	•	81 Name	oren Shackelf	ford
	EAST FORSYTH STREET		82 Street Act	dress (P.O. Bex Number is Not Accept	1 24
JAL	XSONVILLE FL 32202		83	15 Sun Deum	nu.
			84 City -17	āx. Fla.	FL 85 33357
				47, 110.	Purpose of changing the registered
- 11. Parenont to	a the provisions of Sections 607 050	12 and 637 1508. Florida Statute	na mamananan an	inni in inemetale sint simmis in ancient	
11. Pursuant to office or re	o the provisions of Sections 607 050 egistered agent, or both, in the State	12 and 697,1508, Florida Statute of Florida, Such change was a	es, the above-named co authorized by the corpora-	orporation submits this statement for the ation's board of directors. I hereby acc	cept the appointment as registered
	o the provisions of Sections 607 050 rgistared agent, or both, in the State infamiliar with, and account the obligation in the obligation of the control o	12 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flo	es, the above-named control that the corporation is statutes.	orporation submits this statement for the ation's board of directors. I hereby acc	spot the appointment as registered
11. Pursuant to office or reagont. Lan	nous It is	ickula	_	\boldsymbol{c}	population of changing its registered population as registered DATE
	o the provisions of Sections 607 050 gigstyred agent, or both, in the State infamiliar with, and accept the obligation of the obligation o	ent and title if applicabl) (NOTE	ps, the above-named counthorized by the corporation of the corporation	Quired when reinstating)	population appointment as registered appointment appointme
SIGNATUR	OFFICERS AN	ent and title if applicabl) (NOTE	Registered Agent signature req	Quired when reinstating)	XI II Y I
SIGNATURE.	OFFICERS AND DUBBERLY, VERNON	ont and title if applicable (NOTE D DIRECTORS	Registered Apent signature req	Quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURA 12.	DUBBERLY, VERNON P.O. BOX 57354 N/A	ont and title if applicable (NOTE D DIRECTORS	: Registered Agent signature req	Quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE STATE ST	DUBBERLY, VERNON P.O. BOX 57354 N/A JACKSONMILE FL 32241	ont and title if applical (NOTE D DIRECTORS DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	Quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	DUBBERLY, VERNON P.O. BOX 57354 N/A JACKSONVILLE FL 32241 VPT KAREN SHACKELFORD	ont and title it applicate (NOTE D DIRECTORS DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Quired when reinstating)	DATE DATE Change Addition
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-SI ZIP TITLE	DUBBERLY, VERNON P.O. BOX 57354 N/A JACKSONVILLE FL 32241 VPT KAREN SHACKELFORD 7305 AMANDAS CROSSING	ont and title it applicate) (NOTE D DIRECTORS DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Quired when reinstating)	DATE DATE Change Addition
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Less the energy security may need in the information supplied wint this tiling does not quality 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.

SIGNATURE: