SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000022620 (5)

PRP ENTERPRISES OF AMELIA INC.

FILED SECRETARY OF STATE DIVIDING FOR PORATIONS

93710027 81112132



Principal Plac	e ar basiness	Maiing Address							
271 MEADOWFIELD BLUFFS ROAD YULEE FL 32097		271 MEADOWFIELD BLUFFS ROAD YULEE FL 32097							
					3. Date Incorporated or Qualified 03/21/1995	3a. Date	e of Las	t Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 1016		26			59-3310006			Not Applicat	ole.
Suite, Apt #, etc Suite, Apt #, etc 22 27					5. Certificate of Status Desired[7]			\$8.75 Additional Fee Required	
City & State	Indura Bel. A	City & State বৃদ্ধ			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip 24 3.2 0	Country 25 NASSALL	Ζ)ρ 29	Country 30	,	8. This corporation has liability for in Florida Statutes	ntangible ta Yes		rs 199.032.	
	9. Name and Address of Current R	egistered Agent			10. Name and Address of New Reg	Istered A	jent		
PH	ILLIPS, PRISCILLA R		81	Name					İ
271 MEADOWFIELD BLUFFS ROAD YULEE FL 32097			B2	Street Ade	tiress (P.O. Box Number is Not Acceptable)				
, -			83						
			84	City		F)	85 7	ıp Code	-
SIGNATURE	m familiar with, and accept the obligation state of the second from Single bedance as OFFICERS AND D	ditte Engyl lable (b.C			and where essang	DAIL	NOCOT	200 10 40	
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NAME	PHILLIPS, PRISCILLA R		1.2 NAME			_	_ Criang	e [_] AJUII	JI
STREET ADDRESS 271 MEADOWFIELD BLUFFS ROAD				ADDRESS					
CITY-ST-ZIP	YULEE FL 32097		1.4 CITY - S						
TITLE	D	DELFTE	2 1 TITLE		-09/04/3	015	ic in	ETITION.	an
NAME	PHILLIPS, JAMES (JD) D SR.		2.2 NAME						
STREET ADDRESS 271 MEADOWFIELD BLUFFS ROAD			2.3 STHEFT	ADDRESS	****375	.00 >	***	375.00	
CITY-ST-ZIP	YULEE FL 32097	* · · · · · · · · · · · · · · · · · · ·	2 4 CrTY - 1	ST - ZIP	· · · · · · · · · · · · · · · · · · ·		4		
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NAME			6 2 NAME						
STREET ADDRESS			63STREET	-	400				
CITY-ST-ZIP			6 4 City - S		ACC				
44	w certify that the information earnland wi		irclebod and a						

rub nevery cerry matrine information supplied with his filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 each, that I am an officer or director of the corporation or the receiver or lustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

RISCULLO REPRINTED NAME OF SIGNING OFFICER OF DIRECTOR

8/19/96 261=2808