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

PRÖFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000026987 (4)

HERRICON INC.

Principal Place 4735 LEXINGTO JACKSONVILLE	N AVE	4735 LE	Mailing Address 4735 LEXINGTON AVE JACKSONVILLE FL 32210-3217										
								ate Incorporat 4/03/1995	ed or Qualifie	1	ate of Last R /05/1996	opart	
<u> </u>	lace of Business	2a. Mai	2a. Mailing Address				4. FE	I Number		¥.51	· · · · · · · · · · · · · · · · · · ·	pplied For	
21	H	[26]										t Applicable	
Suite, Apt.	म, ⊝tC.	27] Suit					5. Ce	ertificate of St	atus Desired		\$8.75 Fee Re		
City & State	0		Cily & State				I	ection Campa ust Fund Con	-) 	\$5.00 Added	May Be	
Zip 24	Country	Zip	•				8. Th	nis corporation orida Statutes	has liability f	for intangible	e tax under s		
24	9. Name and Address of Current	29 Registered	Agent	1301	1			ame and Add					
HER	RINGTON, GEORGE P				81	Name		*** *** * * * * * * * * * * * * * * * *	<u> </u>				
4735 LEXINGTON AVE JACKSONVILLE FL 32210					82	Street A	ddress (P.O	. Box Number	is Not Accep	otable)			
JAU	KSUNVILLE FL 32210				63						·		
					84	City					85 Zip	Code	
										FL	- ' '		
11. Pursuant i	to the provisions of Sections 607.050? egistered agent, or both, in the State i m familiar with, and accept the obliga	2 and 607.15 of Florida, S	o08, Florida Statu uch change was	ites, the a authorize	bove d by	named the corp	corporation s oration's boa	submits this start and of directors	alement for th s. I hereby ac	e purpose o cept the ap	of changing it pointment as	s registered registered	
1	m familiar with, and accept the obliga	tions of, Sec	tion 607.0505, F	lorida Sta	lules	•				4/2	Jan		
SIGNATURE	Signature, typed or pripage the of registered agen	I and title if app	cable (NO	It Registere	d Ager	ni signature i	required when re-r			DANE DANE	77.		
12.	OFFICERS AND	DIRECTOF		18.			ADI	DITIONS/CHA	NGES TO OF	FICERS AN			
TITLE	DVPS		☐ DELETE	1.1 1					<i>C</i>	\sim	Change	Addition	
NAME STREET ADDRESS	HARRINGTON, GEORGE P 4735 LEXINGTON AVENUE			1.2 N		*DODE OF	HIGERI	megan!	~ecs G	ę Υ .			
CITY-ST-ZIP	JACKSONVILLE FL				:11Y-\$1	ADDRESS L. 710							
TITLE	DPT		DELETE	211							Change	Addition	
NAME	HERRINGTON, SHELIA P			2.8 N	IAME								
STREET ADDRESS	4735 LEXINGTON AVENUE			2 8 S	THEET	ADDRESS				***			
CITY-ST-ZIP	JACKSONVILLE FL				CHTY-S	1 - ZIP							
TITLE			☐ DELETE	3.1 T		ŀ					Change	Addition	
NAME STREET ADDRESS				3.2 N		ACIDRESS							
CITY-ST-ZIP					CHTY-S								
TITLE			☐ DELE1E	4.1 [1-24					Change	Addition	
NAME				4.21	MAME						•		
STREET ADDRESS				4.9 \$	THEET	AODRESS							
CITY-ST-ZIP			— <u>-</u>		11Y-\$I	I - 7IP							
TITLE			☐ DELETE	5.11							Change	Addition	
NAME .				5.2 N		10005							
STREET ADDRESS						AODRESS							
CITY-ST-ZIP TITLE			DELFTE	5.4 C 6.1 T	HTY-SI	1-718					Change	Addition	
NAME				6.2 N		ļ					Shorigo		
STREET ADDRESS						ADDRESS							
CITY CT 7ID					uty ét								

14. I do hereby certify that the information supplied with this fifing 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 logal effect as if made under eath; 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.

SOMETIME & CIT

4-1-11

16-10-

FILED

May 13 1997 8:00am

Secretary of State