

• FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028128

1. Corporation Name

SUCCESS DEVELOPMENT INTERNATIONAL, INC.

Principal Place of Business

9799 St. Augustine Rd.
Jacksonville, FL 32257

Mailing Address

9799 St. Augustine Rd.
Jacksonville, FL 32257

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3307487

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAX CO., a Florida corporation
c/o Mahoney Adams & Criser, P.A.
50 N. Laura Street, 3400 Barnett Ctr.
Jacksonville, FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME Pena Sr., Daniel S.
STREET ADDRESS 9799 St. Augustine Road
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D/P/S
NAME Casey, Shawn M.
STREET ADDRESS 9799 St. Augustine Road
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D/T
NAME Wager, Ross G.
STREET ADDRESS 9799 St. Augustine Road
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D/V
NAME Rach, Ray
STREET ADDRESS 9799 St. Augustine Road
CITY-ST-ZIP Jacksonville, FL 32257

TITLE V
NAME Sessions, Vicki
STREET ADDRESS 9799 St. Augustine Road
CITY-ST-ZIP Jacksonville, FL 32257

TITLE V
NAME Brantley III, W. Emerson
STREET ADDRESS 9799 St. Augustine Road
CITY-ST-ZIP Jacksonville, FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000001774800
-04/10/96--01013--013
***200.00

14. I do hereby certify that the information supplied with this filing 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 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; that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/1/96 (904) 886-2985