

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000036847 (8)

1. Corporation Name

ENTERPRISE INVESTMENTS OF JACKSONVILLE, INC.

FILED

96 AUG 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 999 RAVINE STREET NO. JACKSONVILLE FL 32259	Mailing Address 999 RAVINE STREET NO. JACKSONVILLE FL 32259
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2. Principal Place of Business 21 14030 mandarin oaks Suite, Apt. #, etc. 22 City & State 23 Jacksonville Florida 24 32223 Country 25 Duval	2a. Mailing Address 26 14030 mandarin oaks Suite, Apt. #, etc. 27 City & State 28 Jacksonville Florida 29 32223 Country 30 Duval	3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report n/a	4. FFI Number 59-3313476	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. 193.032 Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

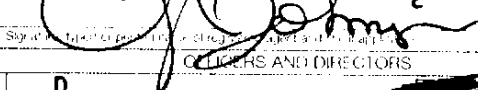
JOHNIGEAN, CHERYL L
999 RAVINE STREET NO.
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name Cheryl L. Johnigeon	82 Street Address (P.O. Box Number is Not Acceptable) 14030 mandarin oaks lane	83	84 City Jacksonville	FL	85 Zip Code 32223
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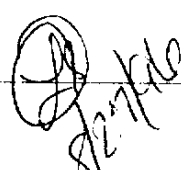
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties of, Section 607.0505, Florida Statutes.

SIGNATURE



Signature of Registered Agent (Signature required when registering)

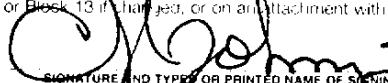
8-23-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNIGEAN, CHERYL L 999 RAVINE STREET NO. JACKSONVILLE FL 32259	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change ☐ Addition ☐ Cheryl L. Johnigeon 14030 mandarin oaks lane Jacksonville, Florida 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNIGEAN, MICHAEL J 999 RAVINE STREET NO. JACKSONVILLE FL 32259	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change ☐ Addition ☐ Michael J. Johnigeon 14030 mandarin oaks lane Jacksonville, Florida, 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change ☐ Addition ☐ 900001934409 -08/28/96--01058--016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change ☐ Addition ☐ ****225.00 ☐ ****225.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change ☐ Addition ☐ 

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Cheryl Johnigeon 8-23-96 635 3790

CR2E034 (12/95)