## 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 #	P95000039041	(5)
1. Corporation Name		- •

808 INCORPORATED	•
Principal Place of Business	Mailing Address
4118 PHILLIPS HIGHWAY JACKSONVILLE FL 32207	4118 PHILLIPS HIGHWAY JACKSONVILLE FL 32207



Principal Place o	A DOSINESS	Mailing Address							
4118 PHILLIF JACKSONVIL	PS HIGHWAY LE FL 32207	4118 PHILLIPS HIGH JACKSONVILLE FL 3							
						3. Date Incorporated or Qualified 05/15/1995	3a. D	ate of Last F	Report
2. Principal Plac	pe of Business	2a. Mailing Address				4. FEt Number			Applied For
1	30 3. 2.33	26				59-3338402			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		Add	00 May Be ed to Fees
Zip	Country 25	Zip 29	30 Cou	untry		8. This corporation has liability f	or intangible ′es		s 199.032,
<u></u>	9. Name and Address of Curren	t Registered Agent				10. Name and Address of Nev	/ Registere	od Agent	
				<b>81</b> N	lame .	JERRY BLUMBERG			
4118 Pl	DL, LONNIE E HILLIPS HIGHWAY			82 S	Street Addres	.: (P.O. Box Number is Not Acceo	table) UITE	300	
JACKS	ONVILLE FL 32207			63					
		•		84 C	City		E	E 85 2	Zip Code
	40.007.007.007	and OD7 4 COOD Florida Otoluit	so the sh		SAR	ASOTA .	ournose of	changing its	34236 registered office
<ol> <li>Pursuant to or registere</li> </ol>	the provisions of Sections 607.0562 d agent, or both, in the State of Floria n, and accept the obligations of sections	jane 607, 1508/ Florida Statut ta. Such change was authoriz	es, the abo	corpora	ition's board	of directors. I hereby accept the a	ppointment	as registere	ed agent. I am
familiar with	n, and accept the obligations of asecti	on 607.0505, Florida Statutes	7			To Block	,,	louk	·
SIGNATURE	118111	boll /	rasu	10	<u> </u>	Jerry Willingers		18419	6
	Signature typed a printed fiamie of registered agent		13.		gnature required v	ADDITIONS/CHANGES TO C	FEICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS ANI	DELETE		TITLE		ADDITIONS/OFFICIOLO TO C	THOEIRS	☐ Chançe	
THLE	MARGOL, LONNIE E			NAME	T	reasurer			
NAME					1 7	orry Blumbera			
STREET ADDRESS	4118 PHILLIPS HIGHWAY			STREET ADI	1	133 4th St. #30	0 Sar	asota	, FL342
CITY - ST- ZIP	JACKSONVILLE FL 32207	[T] DELETE		CHY-ST-Z TITLE	μ =			Change	
TITLE	VD	☐ bccc₁c		VAME					
NAME	SALISBURY, GARY		1		00000				
STREET ADDRESS	4118 PHILLIPS HIGHWAY			STREET AD	I				
CITY-ST-ZIP	JACKSONVILLE FL 32207	DELETE		CITY-ST-Z TITLE	(IP			Change	e 🗍 Addition
TITLE	STD DOOFFET	None in			- (				
NAME	DAHL, ROBERT	•		NAME ATOTOT LO	200500				
STREET ADDRESS	4118 PHILLIPS HIGHWAY JACKSONVILLE FL 32207			STREET AD					
CITY-ST-ZIP	JACKSONVILLE PL 32207	DELETE		CITY-ST-Z TITLE	ZIP			Cnange	e Addition
TILE			ı.	NAME				-	_
NAME	<u>-</u>			STREET AD	NODECC				
STREET ADDRESS	7 · · · · · · · · · · · · · · · · · · ·				İ				
CITY-ST-7IP	<u> </u>	DELETE		CITY-ST-7 TITLE	tit.			Chan j	e 🔲 Addition
TIFLE		III percit		NAME				'	_
NAME			B B	street ad	nngree				
STREET ADDRESS									
CITY-ST-7IP		DELETE		CITY-ST-7	tır.			☐ Chan	e 🔲 Addition
TILE		[] perest	1	NAME					_
NAME				STREET AD	nnpece				
STREET AUDRESS									
CITY-ST-ZIP	l and the second	with this flips is uphystorik for		CITY-ST-		or the exemption stated in Section	119 07(3)(k)	. Florida Sta	tutes, I further

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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 inchapted or on an attrachment with an address.

SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/24/96 941 3

Daytine Prione #