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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000039168 (6)

1. Corporation Name
INITIAL CHOICE, INC.



Principal Place of Business

~~5569-3 BOWDEN ROAD~~
~~JACKSONVILLE FL 32216-0915~~

Mailing Address

~~5569-3 BOWDEN ROAD~~
~~JACKSONVILLE FL 32216-0915~~

2. Principal Place of Business

21 11267 River Moorings Rd.
Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL
Zip Country

24 32225-1522 25 USA

2a. Mailing Address

26 PO Box 350297
Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL
Zip Country

29 32235-0297 30 USA

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
01/30/1996

4. FEI Number
59-3315817

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

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

9. Name and Address of Current Registered Agent

SIGMAN, JUDITH L
~~5569-3 BOWDEN ROAD~~
~~JACKSONVILLE FL 32216-0915~~

10. Name and Address of New Registered Agent

81 Name Sigman, Judith L.
82 Street Address (P.O. Box Number is Not Acceptable)

83 11267 River Moorings Rd.
84 City Jacksonville FL 85 Zip Code 32225-1522

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 or 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

Judith L. Sigman

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 on Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith L. Sigman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97

Date

904-996-8844

Telephone Number

CR2E034 (9/96)