

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000061539 (9)**

1. Corporation Name
AJILE, INC.

Principal Place of Business
**3217 CAMPBELL STREET
SARASOTA FL 34231**

Mailing Address
**3217 CAMPBELL STREET
SARASOTA FL 34231**



3. Date Incorporated or Qualified 08/09/1995	3a. Date of Last Report
4. FEI Number 65-0602464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
30	

9. Name and Address of Current Registered Agent
**GUTTRIDGE, GEORGE I
3265 ESPANOLA DRIVE
SARASOTA FL 34239**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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 607.0503, Florida Statutes.

SIGNATURE _____
Signature based on printed name of registered agent or director of agent and _____
Printed Name of registered agent or director of agent and _____
DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	12 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTRIDGE, GEORGE I	12 NAME	
STREET ADDRESS	3265 ESPANOLA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTRIDGE, JOSEPHINE D	21 NAME	
STREET ADDRESS	3265 ESPANOLA DRIVE	22 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	23 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		31 NAME	
STREET ADDRESS		32 STREET ADDRESS	
CITY-ST-ZIP		33 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 NAME	
STREET ADDRESS		42 STREET ADDRESS	
CITY-ST-ZIP		43 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51 NAME	
STREET ADDRESS		52 STREET ADDRESS	
CITY-ST-ZIP		53 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61 NAME	
STREET ADDRESS		62 STREET ADDRESS	
CITY-ST-ZIP		63 CITY-ST-ZIP	

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: George I. Guttridge **30 APR 96** **941-923-5394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)