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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000068359 (5)

DOCUMENT # 1. Corporation Name WELCOME TO, INC	P95000068359 (5)		
Principal Place of Business	Maling Address		
2149 MANGO PLACE JACKSONVILLE FL 32207	2149 MANGO PLACE JACKSONVILLE FL 32207		
MONOOMVILLE IE SEED!	515.155.75.255.		

				3. Date Incorporated or Qualified 08/31/1995	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> ] Zip	Country	Zip	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,
24	9. Name and Address of Curren			10. Name and Address of New R	
JACKS	, A H VERPLACE BLVD. #2254 INVILLE FL 32207		82 Street Addi 2 4 City	PEN RICHARD  TESS (P.O. BOX Number is Not Acceptable)  MANKES PLACE  CLSOWILLE, F	FL 85 Zip Code 3220 7
or regiştere familiar with SIGNATURE:	the provisions of Sections 607.0502 d agent, or both, in the State of Flori , and accept the obligations of, Sect PIC MAPA 11 TORES grature, typed or pinhed name of registered agent	oa. Stich change was authorzy i ion 607.0505, Florida Statute	the above named corpo by the corporation's boa	ration submits this statement for the pur and of directors. I hereby accept the appr and when reinstaling	4/23/96
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELFTE	1, 1 TITLE		Change Addition
NAME	NESSLER, MARY E		1.2 NAME		
STREET ADDRESS	2149 MANGO PLACE		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
THLE	D	DELETE	2. 1 TITLE	<del></del>	Change Addition
NAME	MARREN, RICHARD G		2.2 NAME		
STREET ADDRESS	2149 MANGO PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY - ST - ZIP		
TITLE	V. (V. (V. (V. (V. (V. (V. (V. (V. (V. (	DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE	12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	☐ Change ☐ Addition
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY - ST - ZIF		
CITY-ST-ZIP TITLE		[] DELÉTE	5. 1 1/TLF		Change Addition
1		ι.,	5.2 NAME		
NAME PROCET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - \$1 - 7IP		
CITY - ST - ZIP		DELETE	6.111115		Change Addition
TITLE		<u>.</u> ,	6 2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CrTY - ST - ZIP		
CITY-ST-ZIP			■ 64U11-SI-ZIF	for the supportion stated in Section 110	07/3/W Florida Statutes 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 legal effect as if made under certify that I am an officer or enforce or 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 12 if changed, or only attachment with an address.

SIGNATURE:

RED STATED NAME OF SIGNING OFFICER OR DIRECTOR

Dayting Phone 1 - 332/