FILE NOW: FILING FEE AFTER MAY 1 48 \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State - *

1996

P95000071618 (9)

DOCUMENT #

1. Corporation Name

EIGHT STREET, INC.

Principal Place of Business	
1645 SAN MARCO BOULEVARD	
JACKSONVILLE FL 32207	

Mailing Address

1645 SAN MARCO BOULEVARD JACKSONVILLE FL 32207



						3. Date Incorporated or Qualified 09/14/1995	3a. Date	of Last Re	port	
2. Principal Plac	e of Business	2a. Mailing Addr	ess			4. FEI Number		1	pplied For	
1		26				59-334786.5 Not Appli			lot Applicable	
Suite, Apt. #.	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Service Fee Regi				
2		City & State				6. Election Campaign Financing				
City & State		28	ate			Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation has liability	intangible ta	ax under s	199.032,	
	25	29	30			Florida Statutes				
1	9. Name and Address of Cur			1		10. Name and Address of New I	legistered	Agent		
			···	81	Name					
CLARK	, ROSS T			82 Street Address (P.O. Box Number is Not Acceptable)						
1558 SAN MARCO BOULEVARD					82 Street Address (F.O. Box Northeen's Not Acceptable)					
JACKS	ONVILLE FL 32207			83						
bhorto.	OTTILLE TE OLLO			L_				lee I 7.	Codo	
•				84	City		Fl	85 Zij	o Code	
or registere	diagent or both in the State of E	Jonga, Such change was	s authorized by the	ove-r	named corpo oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of ch pointment a	anging its r s registered	egistered offic agent. I am	
familiär with SIGNATURE	n, and accept the obligations of, S	Section 607.0505, Florida	Statutes.							
SIGNATORE S	Signature, typed or printed name of registered				t signature requir	od wher reinstating!	DATE CICEDO AN	O DIDECTO	DC IN 12	
2.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	TICENS AN	Change	Addition	
TITLE	D	☐ DE		TITLE				Charige	[] Addition	
IAME	LUCAS, W D	D #144 BB		NAME	ļ					
STREET_ADDRESS	ADDRESS 1645 SAN MARCO BOULEVARD				ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 322	1.4	CITY-S	ST - ZIP		,				
TITLE		DE	LETE 2. 1	THLE				Change	☐ Addition	
NAME			2.2	NAME						
STREET ADDRESS			23	STREET	ADDRESS					
CITY-ST-ZIP			24	CITY-S	ST-ZIP				F-1 A 1177	
TITLE		DE	ELETE 3 1	TITLE	-			Change	Addition	
NAME]			3.2	NAMÉ						
STREET ADDRESS			3.3	STREE	T ADDRESS					
CITY-ST-ZIP			3.4	CITY-S	ST - ZIP					
TITLE		DI	ELETE 4 1	TITLE				Change	Addition	
NAME			42	NAME						
STREET ADDRESS			4.3	STREE	I ADDRESS					
CITY-ST-ZIP			4.4	CITY-	S1-ZIP					
TITLE		[] D	ELETE 5 1	TITLE				Change	Addition	
NAME			5 2	NAME		1000019	en=	:11		
STREET ADDRESS			53	STREF	TADDRESS	1000018 -05/14/9601	<u>nen</u> 1	111		
CHTY-ST-ZIF			5.4	CITY-	ST-ZIP	***2 <u>90.00</u>				
TITLE		D	ELETE 6.	1 THLE		manage and		☐ Change		
NAME			6.2	NAME				/ 1/	, UIT	
STREET ADDRESS			63	STREE	1 ADDRESS		/	\mathcal{N}	10	
			6.4	CITY-	S1-ZIP				W.	
	I ly certify that the information supp	olied with this filing is volu		ol do	on not avalify	y for the exemption stated in Section 1	9.07(3)(k), I	lorida Stat	es. I further	
certify that	f the information indicated on this I am an officer or director of the i i Block 12 or Block 13 if changes	annual report of supplet corporation of the receive	nentai annuai repoi er or trustee empov	ri is ti Vered	rue and accu I to execute i	rate and that my signature shall have the third that report as required by Chapter 607,	Florida Stat	utes; and t	nat my name	

SIGNATURE:

NO TYPED OF PHYSTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 24-396235