

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000073617 (9)**

1. Corporation Name

**THE C 3 COMPANY OF JACKSONVILLE, INC.**



Principal Place of Business

**4102 ROBIN HOOD ROAD  
JACKSONVILLE FL 32210**

Mailing Address

**4102 ROBIN HOOD ROAD  
JACKSONVILLE FL 32210**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**CAPON, RICHARD W  
4102 ROBIN HOOD ROAD  
JACKSONVILLE FL 32210**

81 Name  
82 Street Address (P.O. Box Not Permitted)  
83  
84 City

**FL** 85 Zip Code

3. Date Incorporated or Quarter

**09/22/1995**

3a. Date of Last Report

4. FID Number

**59-3335226**

Apply 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02(1) and (c)(1), 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, Sections 607.02(1) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> Officer
NAME	<b>CAPON, RICHARD W</b>	
STREET ADDRESS	<b>4102 ROBIN HOOD ROAD</b>	
CITY, ST, ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Director
NAME	<b>CAPON, THOMAS J</b>	
STREET ADDRESS	<b>209 MORGANS LANDING DRIVE</b>	
CITY, ST, ZIP	<b>DUWOODY GA 30350</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Director
NAME	<b>CAPON, MICHAEL H</b>	
STREET ADDRESS	<b>209 MORGANS LANDING DRIVE</b>	
CITY, ST, ZIP	<b>DUWOODY GA 30350</b>	
TITLE		<input type="checkbox"/> Officer
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 STREET ADDRESS	
3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 TITLE	
5 NAME	
6 STREET ADDRESS	
7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8 TITLE	
9 NAME	
10 STREET ADDRESS	
11 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 TITLE	
13 NAME	
14 STREET ADDRESS	
15 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**700001757927  
-03/26/96--01111--037  
\*\*\*200.00**

14. I do hereby certify that the information supplied by this corporation is true, correct and does not contravene the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information included in 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 trustee or trustee-in-trust, empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an affidavit filed with this report.

SIGNATURE: *Richard W. Capon* **RICHARD W. CAPON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 904-384-7042  
BUSINESS HOURS

CR2E034 (12/95)