## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000078713 (1)

INTERNATIONAL CONSULTANTS JAX, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	dress					
193 LINKSIDE	CIRCLE	193 LINKS	193 LINKSIDE CIRCLE					
PONTE VEDRA BEACH FL 32082 US			DRA BEACH FL 32	2082		BO NOT 112	0.004.05	
							DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified		ł
- A	de de	1 - 14.90				10/12/1995		
	lace of Business	2a. Mailing	Address			4. FEI Number	—— <u> </u>	pplied For
21		26				59-3341678	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ot Applicable
Suite, Apt.	#, O(C.	— <u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27	X - 1					equired
City & State	9	— ·	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	T Countries	28	····	Counts		Trust Fund Contribution		to Fees
Zip	Country	Zip		Country	•	8. This corporation owes or has paid the c		
24	25 Name and Address of Cu	29	30	L		Personal Property Tax due June 30.  10. Name and Address of New Registere		_] No
		ment negistered M	JBIII	81	Name	10. Name and Address of New Registere	a Agent	
	EFFIELD, J. HOWARD	11 <del>22</del> 4		0.	Name			ŀ
	99 BAYMEADOWS ROAD, SU	NIE 4	82 Street Add			ddress (P.O. Box Number is Not Acceptable)		
JAC	CKSONVILLE FL 32217						<del></del>	
				83				
				84	City		<b>85</b> Zip	Code
						F.	<b>L</b>	
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508,	Florida Statutes, to	the above	e-named o	corporation submits this statement for the purpose	of changing if	ts registered
agent. La	m familiar with, and accept the o	bligations of, Section	607.0505, Florida	Statutes	7 tile corpt 8.	oration's board of directors. I hereby accept the ap	довнинен ав	registered
SIGNATURE								
	Signature, typed or printed name of registere		NOTE Re	gistered Age	ent signature re	equired when reinstating) DATE		
12.		AND DIRECTORS	150.500	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSD		DELETE	1.1 TITLE		<b>/P</b>	☐ Change	Addition
NAME	BAUGHMAN, CHARLES T			1.2 NAME		Kim Ann Bhughman 198 Linkside Eineve		
STREET ADDRESS	193 LINKSIDE CIRCLE			1.3 STRFET	ADDRESS	198 LINKEIDE CINCLE		
CATY-ST-ZIP	PONTE VEDRA BEACH FL			1.4 CITY - S	T-ZIP	PANTO VEDRA BEACH FL 3	2082	
TITLE	VD		DELETE	2.1 TITLE		•	Change	Addition
NAME	SEYMOUR, ELIZABETH B			2.2 NAME				
STREET ADDRESS	193 LINKSIDE CIRCLE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL			2.4 CITY-5	ST-ZIP			
TITLE		1	DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				8.3 STREET	ADDRESS			-
CITY-ST-ZIP				3.4. CITY - S	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME	-			
STREET ADDRESS				4.3 STREET	ADDRESS			ļ
CITY-ST-ZIP				4.4 CITY - S	7 - ZIP			•
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME			ŀ	5.2 NAME			•	
STREET ADDRESS				53 STREET	ADDRESS			
CITY-ST-ZIP				54 CITY-S				
TITLE		·····		61 TITLE	1 - EII		Change	Addition
NAME				6.2 NAME	-		- Similar	
					ADDDECO			
STREET ADDRESS				6.3 STREET				
CITY-ST-ZIP				64 CiTY-S	1-7IP			

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 a attachment with an address.