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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNO	1996	7 ·/	ry of State CORPORATIONS		
DOCU 1. Corporatio	MENT # P9500 (0095524 (1)			
1	I INNOVATORS, INC.				
Principal Place of Business		Mailing Address		[IBBINDAL ILA IBIDI BILIL BOKK BARK I	ISKUL OONIO USUUL OHIOL SIKUK IISKA OLON 1880
4215 SOUTHPOINT BLVD. SUITE 160 LACKSONVILLE PL 32216		4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216			
				3. Date incorporated or Qualified 12/18/1995	3a. Date of Last Report N/A
2. Principal Place of Business 21 7652 Hollyridge Circle		2a. Mairing Address	***************************************	4. FEI Number 59–3351775	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	Δ	City & State			Fee Required
23	nville, FL	28 State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32256	Country 25	Z _I p	Country 30	8. This corporation has liability for Florida Statutes X Yes	intangible tax under s 199.032, ☐ No
	9. Name and Address of Curren			10. Name and Address of New F	
001111111			81 Name		
	DER, MICHAEL N UTHPOINT BLVD.	82 Street Addre		dress (P.O. Box Number is Not Acceptab	ie)
SUITE 10			83		
JACKSO	JACKSONVILLE FL 32216		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the at					FL I
I OF TEGESTER	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	1a. Suco channe was authorized	the above named corporation's bo	oration submits this statement for the pur and of directors. Thereby accept the appr	rpose of changing its registered office cintment as registered agent. I am
SIGNATURE .	Signature, typed or printed name of registeriology is	one of the second			
12.	OFFICERS AND		Flog stered Age of Figs of the Region 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	0 /P/T	☐ DELETE	1 1 M(cf		☐ Change ☐ Addition
NAME	LANGHAM, STEPHEN E		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	7652 HOLLYRIDGE CIRCLE JACKSONVILLE FL 32256		1.3 STHEE! ANDRESS		
TITLE	D /P/S	DELETE	1.4 CI 'Y - S7 - ZIP 2.1 TIFLE		☐ Change ☐ Addition
NAME	JUCKETT, GLENN C		2.2 NAME		
STREET ADDRESS	7652 HOLLYRIDGE CIRCLE		2.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32256		2.4 CHY-ST_ZIP		·····
TITLE NAME		☐ DELE1E	3 1 TITLE		Change 🗀 Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-SI-ZIP			3.4 CITY - S1 - ZIP		
TITLE		DELFTE	4 1 TITLE		Change Addition
NAME			4.2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY - ST - ZIP		
THILE		□ DELETE	5 1 THE		Change 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	54 CITY ST-7-P		Change Addition
NAME			62 NAME 1	60000176	36696
STREET ADDRESS			6.3 STREET ADDRESS	60000176 -04/19/96010	13018

***200.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the informat certify that the information indicat cath, that I am an officer or direct appears in Block 12 or Block 13 de pris filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further not or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under nor the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address

SIGNATURE: 1

Stephen E. Langham INTED NAME OF SIGNING OFFICER OR DIRECTOR

904 2-28-96 641-6979
Dayline Project CR2E034 (12/95)