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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **^^! IAAENIT #**

FILED Apr 30 1997 8:00am Secretary of State

1. Corporation Name OSBORN, INC. Principa Place of Business 2211 BRIGHTON BAY TRAIL JACKSONVILLE FL 32250 Mailing Address 2211 BRIGHTON BAY TRAIL JACKSONVILLE FL 32248-4096								
						3. Date Incorporated or Qualified 3s. Date of Last Repo	rt	
2. Principa' P	Place of Business	2a. Mailing	g Address			4. FEI Number Applie	ed For	
21	- 11-1	26			·		pplicable	
Suite, Apt	#, etc	 	Apt. #, etc.			5. Certificate of Status Desired		
22 ; City & Stat	<u> </u>	27 City &	State			6. Election Campaign Financing \$5.00 Ma		
23		28				Trust Fund Contribution		
Zφ	Country	Zip		Cou	ntry	8. This corporation has liability for intangible tax under s. 19	9.032,	
24	25 9. Name and Address of Curi	29 rent Registered A	nent	30		Florida Statutes Yes You 10. Name and Address of New Registered Agent		
PA	ATTERSON, LAWRENCE R ESC			***************************************	81 Name			
	atterson & Green, P.A.			ŀ	82 Stree	Address (P.O. Box Number is Not Acceptable)		
	10 SOUTH THIRD STREET)				
JA	ACKSONVILLE BEACH FL 3225	W		ļ	83			
				ļ	84 City	FL 85 Zip Coo	le	
SIGNATURE	Signarize tyse dior printed name of requisered	agers and the Happical		OTE Ragistered		d corporation submits this statement for the purpose of changing its re- reporation's board of directors. I hereby accept the appointment as reg		
12.	OFFICERS /	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12 Addition	
TITLE	OSBORN, JAMES W		בן טננצונ	1.1 Tr		Change		
STREET ADDRESS	2211 BRIGHTON BAY TRA	UL		1	reet address	}		
C(1) Y - ST - 2(f)	JACKSONVILLE FL 32250			1.4 Ci	IY-ST-ZIP			
IDITE			DELETE	2.1 ((.E	Change	Addition	
NAME				2.2 N/		,		
STREET ADDRESS					reet address Ity-st-zip			
CITY - \$1 - ZiP TificE			DELETE	317		· Change	Addition	
NAME				32 N/	ME		į	
STREET ADORESS				3.3 \$1	REET ADORESS		!	
CHY-S' ZP			DELETE		ITY-ST-ZIP	Change	Addition	
THLE NAMe.			ווי טנגנונ	4.1 T/ 4. 2 N		C Ghange L	NUUILION	
STREET ADDRESS					anni. Reet address		i	
CHY ST-7#	Ì			1	TY-SY-Z#P			
DHF			DELETE	51 TI	rle	☐ Change	Addition	
NAME				5.2 N/				
STREET ADDRESS					REET ADDRESS			
COLY - S1_ZIP			DELETE		TY-ST-ZIP	Change	Addilion	
TILLE			i'''l nerele	6.1 T/ 6.2 N/		Li Change		
NAME eteral venuese					vmil Treet address			
STREET ADDRESS				1	HEET ADDRESS TY-ST-ZIP			
CHY-S1-ZIF	4. Shy certify that the information supp	olied with this filing	does not aus			stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		

information indicated on this abilitial report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of larn an officer or director of the proporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appoints in Block 12 or Block 12 of Block 13 of changed, or on an attachment with an address.

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