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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moitham 🧳

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

SIGNATURE: Y

CITY-ST-ZIP

P96000018476 (7)

Mailing Address

RALPH POWELL, INC.

-4634-BRANNON AVE \*\*-4634\_BRANNON\_AVE----JACKSONVILLE\_FL\_32210 JACKSONVILLE\_FL-32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Road 6930 James 26 6930 James Road 59-3361846 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State-City & State 6. Election Campaign Financing \$5.00 May Be auksonu, Added to Fees Jacksonuil Trust Fund Contribution This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POWELL, RALPH Jeanett 4634 BRANNON AVE Street Address (P.O. Box Number is Not A 82 cceptable) James JACKSONVILLE FL 32210 83 84 Jank Sonuille 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE POWELL, RALPH 12 NAME NAME 4634 BRANNON AVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 1.4 CITY-ST-ZIP CITY-ST-ZIP Jeanette Powell 10th Change 2.1 TITLE DELETE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32244 2. 4 CITY - ST - ZIP CITY ST ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition T DELETÉ 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify 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

5.4 CITY-ST-ZIP

4 Cariba 1888 904- 771-4805

Change

Addition

**FILED** 

May 18, 1998 8:00 am Secretary of State