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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000030677 (4)

1. Corporation Name  
THE INTERLOG, INC.

Principal Place of Business

11629 ALTA CIR. N.  
JACKSONVILLE FL 32226

Mailing Address

11629 ALTA CIR. N.  
JACKSONVILLE FL 32226-2111



3. Date Incorporated or Qualified 04/02/1996	3a. Date of Last Report
4. FEI Number 59-3383321	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SASSER, KAY  
11629 ALTA CIR. N.  
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ISELIN, PHILIPSE D	
STREET ADDRESS	12544 DARYL HILL ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISELIN, ROBERT A	
STREET ADDRESS	3639 ERNEST STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISELIN, ANGELA	
STREET ADDRESS	3639 ERNEST STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISELIN, KENNETH A	
STREET ADDRESS	11629 ALTA ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSER, KAY F	
STREET ADDRESS	11629 ALTA ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH A ROURKS	
1.3 STREET ADDRESS	RT 1, BOX 467	
1.4 CITY - ST - ZIP	WHITE SPRINGS, FL 32096	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PHILLIP PARRAMORE	
2.3 STREET ADDRESS	10164-1 CARRAGE CIR S	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
3.1 TITLE	PRES/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ISELIN, PHILIPSE D	
3.3 STREET ADDRESS	12544 DARYL HILL ROAD	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32218	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ISELIN, KENNETH A	
4.3 STREET ADDRESS	11629 ALTA RD	
4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32226	
5.1 TITLE	S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SASSER, KAY F	
5.3 STREET ADDRESS	11629 ALTA RD	
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32226	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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

SIGNATURE: Kay Sasser / KAY SASSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97

Date

904-757-0484

Daytime Phone

CR2E034 (9/96)