PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

548 LANCASTER TERR.

ACKSONVILLE FL 32204

EET ADDRESS

EET ADDRESS

IGNATURE:

4ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address

P.O. BOX 40749

JACKSONVILLE FL 32203

DOCUMENT # P96000031712

PURCELL, FLANAGAN & HAY, P.A.

3. Date incorporated or Qualified 04/10/1996 2a. Mailing Address Applied For Principal Place of Business 59-3371438 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May 8e City & State City & State Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Ζiρ This corporation owes the current year Yes Mo Intangible Personal Property. 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PURCELL, THOMAS K Street Address (P.O. Box Number is Not Acceptable) 82 1548 LANCASTER TERR. JACKSONVILLE FL 32204 83 84 City Zip Code 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. **IGNATURE** Signature, typed or printed name of registered egent and title if applicab (2/33) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Œ DELETE 11 TITLE Change ___ Addition CR2E034 PURCELL, THOMAS K 1.2 NAME ME 1548 LANCASTER TERR. 13 STREET ADDRESS **WEET ADDRESS** JACKSONVILLE FL 32204 1.4 CITY-ST-ZIP Y-ST-ZIP Change Addition LE DELETE 21 TITLE FLANAGAN, TIMOTHY L 2.2 NAME VE. 1548 LANCASTER TERR. REET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32204 2.4 CITY-ST-ZIP Y-ST-ZIP Change Addition LE 3.1 TITLE DELETE HAY, JONATHAN L 3.2 NAME νE 1548 LANCASTER TERR. 3 3 STREET ADDRESS SET ACCRESS Jacksonville FL 32204 3.4 CITY-ST-ZIP Y-ST-ZIP Change Addition 4.1 TITLE E ☐ DELETE 4.2 NAME Æ 4.3 STREET ADDRESS **EET ADDRESS** (-ST-ZIP 4.4 CITY-ST-ZIP Change Addition 5.1 TITLE F DELETE 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

1 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 projects or my signature of the corporation or the receiver projects as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or an attachment with an address.

DELETE

FILED Jul 12, 1999 8:00 am Secretary of State

> 07-12-1999 90005 044 ***150.00 08-16-1999 90005 015 ***408.75

> > Change Addition

904352-0317

DO NOT WRITE IN THIS SPACE