## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000032184 (9)

7457 DUCLAY FOREST DRIVE E  JACKSONVILLE FL 32244  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O4/11/1996  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 3374679  Not Applied For Not Appl cable  Suite, Apt. #, etc. 5. Certificate of Status Desired  City & State  City & State  DO NOT WRITE IN THIS SPACE  1. Date of Last Report  Applied For Not Appl cable  South, Apt. #, etc. 5. Certificate of Status Desired  Fee Required  \$5.00 May Be	PARAU	iise vending of Nohih	FLORIDA, INC.			
ACKSONNULE FL 32244    ACKSONNULE FL 32244	Principal Plac	e of Business	Mailing Address		I INSTINCTI IIN INVIN BAHAA ENARE NOTAL N	
ACKSONNULE FL 32244    ACKSONNULE FL 32244   JACKSONNULE FL 32244	7457 DUCLAY	Y FOREST DRIVE E	7457 DUCLAY FOREST I	DRIVE E		
2. Principal Piace of Business 3. Principal Piace Piace of Business 3. Principal Piace Piace Piace of Business 3. Principal Piace					DO NOT WRITE IN THE	0.00400
2. Principal Piece of Business					}	
22. Malary Address   23. Malary Address   24. FEI Marybor 33.746.79   Not Applied for   Not Applied fo					1 2	Date of Last Report
Sulle, Apt. 6, etc.    Sulle, Apt. 6, etc.	2. Principal P	lace of Business	2a. Mailing Address		4 EELNumber	Applied For
Suite, Apt. 4, etc.    27	21		}¬		59-3374679	<del>                                     </del>
City & State   City &		#, etc.				
28	22				5. Certificate of Status Desired	Fee Required
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Second Property and Intendigable   Personal Property and unlangible   No		e				
SUTTON, JOHN L 7457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244  11. Present to the provisions of Sections 607 (1502 and 607 1508, Fibride Statutes).  SIGNATURE  12. OFFICERS AND DIFFCTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS  14. DELETE  15. SIREET ADDRESS  16. SUTTON, JOHN L 17457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244  15. Present to the provisions of Sections 607 (1502 and 607 1508, Fibride Statutes).  SIGNATURE  16. Signature, to both, in the State of Foreida. Such change was alleted and section for 607 (500, Fibride Statutes).  SIGNATURE  17457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244	23				Trust Fund Contribution LJ	Added to Fees
SUTTON, JOHN L 7457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244  11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. I am Pamiliar with, and accept the obligations of. Socion 607 0502 by the corporation submits this statement for the purpose of changing list registered agent. I am Pamiliar with, and accept the obligations of. Socion 607 0505 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Pamiliar with, and accept the obligations of. Socion 607 0505 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Pamiliar with, and accept the obligations of. Socion 607 0505, Priorida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. I STIERT ADDRESS 15. STIERT ADDRESS 15		— · · · ·	<u>⊢</u>	· · · · ·	1	
BUTTON, JOHN L 7457 DUCLAY FOREST DRIVE E JACKSONVILLE FL 32244  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code 85   86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code 85   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O.	24			[30]		
SOTTON, JOHN L THE STREET ADDRESS ORVILLE FL 32244  BB City FL ST DRIVE E JACKSONVILLE FL 32244  BB City FL ST DRIVE E JACKSONVILLE FL 32244  TILE DRIVEN TO THE MINE WITH, and accept the obligation of proteins or spoistered agent a rem familiar with, and accept the obligations of Socions 607.0506, Florida Statutes. The above-parened corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socions 607.0506, Florida Statutes.  SIGNATURE  THE SQUAMM. Systed to printed name of registered agent and this displacation of the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socions 607.0506, Florida Statutes.  SIGNATURE  THE SQUAMM. Systed to printed name of registered agent and this displacation. (9x11: Registered Agent systems requisiting)  DATE  TO FFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. THE STREET ADDRESS STREE	ĎI í			81 Name	10. Hame and Dadiogs of Hote Hadistold	~
JACKSONVILE FL 32244  11. Pursuant to the provisions of Sections 607 0502 and 607 1608, Florida Statutes, the absorption submits this statement for the purpose of changing its registered agent, a term familiar with, and accept the object of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a term familiar with, and accept the object of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a term familiar with, and accept the object of object of corporation's board of directors. I hereby accept the appointment as registered agent, and accept the object of directors. I hereby accept the appointment as registered agent, and accept the object of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the object of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as advantages.  III.E.    D						
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Socion 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. SUTTON, JOHN L  17. STREET ADDRESS  17. STREET ADDRESS  17. ST. SP				B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, an imagiliar 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, and marillar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE    Signature, Type of preted name of registered agent and file of applicable.   MRITE Programed Agent signature requires when residency)   DATE     12.	Q/A	DIGOTALLE LE 25244		83		<del></del>
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, an imagiliar 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, and marillar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE    Signature, Type of preted name of registered agent and file of applicable.   MRITE Programed Agent signature requires when residency)   DATE     12.						
11. Pursuant to the provisions of Socilons 677 0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socilon 607.0505, Florida Statutes.  SIGNATURE  Signature from familiar with, and accept the obligations of, Socilon 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or preted name of registered uppt facility.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INVESTIGATION, JOHN L  STREET ADDRESS  OTIV-ST-ZIP  JACKSONVILLE FL 32244  14. CITY-ST-ZIP  ACKSONVILLE FL 32244  14. CITY-ST-ZIP  JACKSONVILLE FL 32244  SUTTON, JEFF L  STREET ADDRESS  OTIV-ST-ZIP  JACKSONVILLE FL 32244  SUTTON, C. SCOTT  32. NAME  SUTTON, C. SCOTT  32. NAME  SUTTON, C. SCOTT  33. SIRRET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32244  JACKSONVILLE FL				84 City	F	85 Zip Code
DELETE	agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statutes.		
NAME SUTTON, JOHN L STREET ADDRESS 7457 DUCLAY FOREST DRIVE E CITY-ST-ZIP JACKSONVILLE FL 32244  TITLE D DELETÉ Z1 TITLE D SUTTON, JEFF L Z2 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32244  TITLE D DELETÉ Z1 TITLE D Change Addition AMME SUTTON, C. SCOTT S2 NAME SUTTON, C. SCOTT STREET ADDRESS T457 DUCLAY FOREST DRIVE E CITY-ST-ZIP TITLE D DELETÉ JACKSONVILLE FL 32244  AUGITY-SI-ZIP  AUGITY-SI-ZIP  C'hange AUGITION  AUGITY-SI-ZIP  C'hange AUGITION  AUGITY-SI-ZIP  AUG	12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32244  TITLE D DELETE SUTTON, JEFF L STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITLE D DELETE SUTTON, JEFF L STREET ADDRESS CITY-ST-ZIP TITLE D DELETE JACKSONVILLE FL 32244  TITLE D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D DELETE STREET ADDRESS TAST DUCLAY FOREST DRIVE E 2.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE STREET ADDRESS TAST DUCLAY FOREST DRIVE E 3.1 TITLE DELETE STREET ADDRESS TAST DUCLAY FOREST DRIVE E 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE D Change Addition ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRE	TITLE	_	☐ DELETE	· 1.1 TITLE		Change Addition
STREET ADDRESS   STRE	NAME			1.2 NAME		
TITLE	STREET ADDRESS		ΈE	1.3 STREET ADDRESS		
NAME   SUTTON, JEFF L   22 NAME   2.3 STREET ADDRESS   2.4 CITY-S1-ZIP   JACKSONVILLE FL 32244   2.4 CITY-S1-ZIP						
STREET ADDRESS   JACKSONVILLE FL 32244   2.4 CITY-SI-ZIP		_ <del>-</del>	☐ DELET¢			L Change L Addition
CITY-ST-ZIP					w v	
TITLE         D         DELETE         3.1 TITLE         Change         Addition           NAME         SUTTON, C. SCOTT         3.2 NAME         3.3 STREET ADDRESS         3.3 STREET ADDRESS         CITY-ST-ZIP         JACKSONVILLE FL 32244         3.4 CITY-ST-ZIP         Change         Addition           NAME         4.2 NAME         4.2 NAME         4.2 NAME         4.2 NAME         4.2 NAME         4.4 CITY-ST-ZIP         Change         Addition           STREET ADDRESS         4.4 CITY-ST-ZIP         Change         Addition         Addition         Addition           NAME         5.2 NAME         5.2 NAME         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Acdition           TITLE         DELETE         5.4 CITY-ST-ZIP         Change         Acdition           TITLE         DELETE         6.1 TITLE         Change         Acdition			EE			
SUTTON, C. SCOTT   3.2 NAME   3.3 STREET ADDRESS   7457 DUCLAY FOREST DRIVE E   3.3 STREET ADDRESS   2.4 CITY-ST-ZIP			T herete			Change Addition
STREET ADDRESS   7457 DUCLAY FOREST DRIVE E   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP			☐ precit			The August The August In 1
STREET ADDRESS   STRE			rc		•	
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         DELETE         5.2 NAME         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Acdition           TITLE         DELETE         6.1 TITLE         Change         Acdition			C C			
NAME	-	WHOROUTVILLE FL 32244	DELETE			Change Addition
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Acdition				1		
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         S.1 TITLE         Change Acidition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Acidition						
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Acdition           TITLE         DELETE         6.1 TITLE         Change         Acdition						
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE           6.1 TITLE         Change			☐ DELETE			Change Acidition
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Acdition			_			
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Acdition						
TITLE DELETE 6.1 TITLE Change Acdition						
NAME 6.2 NAME			☐ DELETE			Change Acdition
	NAME			6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREET ADDRESS		

64 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 suppliemental 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 for on an attachment with an address.

**FILED** 

Sep 10 1997 8:00am

Secretary of State