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

POCUMENT # P96000055340 (9)

Principal Place of Business	CES, INC.			
6299-5 POWERS AVENUE JACKSONVILLE FL 32217	6299-5 POWERS AVENUE JACKSONVILLE FL 32217-2288			
			3. Date Incorporated or Qualified 06/28/1998	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3391504	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CHARLE CONTRACTOR	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State:	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30	B. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, Yes \[\] No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent
FALLGATTER & BOND, P.A. 121 WEST FORSYTH STREET SUITE 900		81 Name 82 Street A	Address (P.O. Box Number is Not Acceptab	ole)
JACKSONVILLE FL 32202		83		
*		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 697.1 office or registered agent or both, in the Stagent. Lam lamiliar with And accept the of SIGNATURE 59 attributes an provides or phopolasis.	t agent and bite if applicable. (NO	authorized by the corp lorida Statutes. TE Registered Agent signature 13.		DATE
ere an allega e e e e e e e e e e e e e e e e e e	AND DIRECTORS DELETE			Change Addition
NAME BUIE, BRUCE B	•	1.1 TITLE 1.2 NAME	Vice President Meek, Michael C. 6299-5 Powers Ave. Jacksonville, FL 322	
STREET ACCORESS 6299-5 POWERS AVENUE JACKSONVILLE FL 32217		1.3 STREET ADDRESS	6299-5 Powers ave.	
001 31.50		1.4 CITY-ST-ZIP	Jacksonville, FL 322.	<u> </u>
T [Lf	L.] DELETE	2.1 TITLE		Change Addition
NAM!		2.2 NAME		
STREET ASORESS CRY ST- AIC		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
W:F	DELETE	3.1 1)TLE		Change Addition
N/M:		3.2 NAME		
STREE! ADDRESS:		3.3 STREET ADDRESS		
C(1) S' 7P		3.4. CITY-ST-ZIP		
1016	L] DELETE	4.1 TIFLE		Change Addition
NAME (4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
1 HE	DELETE	51 TULE	4117	Change Addition
NAMI		52 NAME		 • —
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST- ZIP		5.4 CITY-ST-ZIP		
THEF	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STEEL: ALDRESS		6.3 STREET ADDRESS		
City St Zif		6.4 CITY - ST - ZIP		
14. I do hereby certily that the information sup- information and cated on this arrival report. I am an officer or director of the comparation appears in Block 12 or Block 13 if changed	or supplemental annual report is n or the receiver or trustee empor	true and accurate and wered to execute this re	that my signature shall have the same lega	al effect as if made under oath; tha

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/24/97 (904) 733-4899

FILED

Apr 14 1997 8:00am

Secretary of State