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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056395 (2)

HANDCRAFTED BY HOWELL, INC.

FILED Apr 22 1998 8:00am Secretary of State



					<u> </u>	
Principal Plac	ce of Business	Mailing Address	Mailing Address			1 19211381 119 (SITE SITE SITE SITE SITE SITE SITE SITE
3663 RICHM		3663 RICHMOND ST	3663 RICHMOND ST			
JACKSONVILLE FL 32205		JACKSONVILLE FL 32205				DO NOT WRITE IN THIS SPACE
U\$		U\$			3. Date Incorporated or Qualified	
						07/03/1996
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				APPLIED FOR 29-0814540 Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27 Ch. 8 State				ree Required
City & Sta	ite	City & State			6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	Zip Country				Trust Fund Contribution Added to Fees
	} ₁	—¬ '	30	и со у		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 g. Name and Address of Curre		301			10. Name and Address of New Registered Agent
Es	SL CORP.			81	Name	10.
200 LAURA ST.						
	ACKSONVILLE FL 32202		-	82	Street Add	lress (P.O. Box Number is Not Acceptable)
"	101100111100011111111111111111111111111			83		
				84	City	85 Zip Code
						FL 0 27 333
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 ag	IONE AND INTERPOLICE (NOTE INC.)	Hegisterei	d Age	at signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PO	DELETE 1.1				Change Addition
NAME	HOWELL, JANE E			1.2 NAME		
STREET ADDRESS	AAAA DIOLIHAONID OT			1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY-ST-ZIP			`
TITLE	VO DELETE			2.1 TITLE		Change Addition
NAME	HOWELL, CHANLEY T		2.2 N/	22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP		
STREET ADDRESS	AGGS DICULACAID OT		2.3 \$1			
CITY-ST-ZIP	JACKSONVILLE FL		2.40			
TITLE				TLE		Change Addition
NAME	32		3 2 N	AME		
STREET ADDRESS	ADDRESS		3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP	
TITLE		DELETE	ELETE 4.1 TITL			☐ Change ☐ Addition
NAME	:		4.2 N	4. 2 NAME		
STREET ADORESS	STREET ADDRESS		4.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change . Addition
NAME			5.2 N/	AME		
STREET ADORESS			5.3 ST	TREET	ADDRESS	
CITY-ST-ZIP			5.4 CI	ITY-S	F-ZIP	
TITLE	DELETE		6.1 TI	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADORESS			6.3 S	TABET	ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 C	ITY-S	I - ZIP	0 (1 440 070)(1) (1) (1) (2)

14. Thereby 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 informatio indicated on this annual report or supplicrimental 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 anyaltachment with an address.