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FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000074299 (4)

1. Corporation Name

ACCU-POUR, INC.



Principal Place of Business

Mailing Address

10411 ALTA DRIVE SUITE
300
JACKSONVILLE FL 32226

10411 ALTA DRIVE SUITE
300
JACKSONVILLE FL 32226

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

09/09/1996

4. FEI Number

59-3404227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PERSONS, ROBERT B JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE FL 32250

81 Name

David H Peek

82 Street Address

1301 Riverplace Blvd

83 Suite

Suite 1301

84 City

Jacksonville

FL

85 Zip Code

32207

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

4/29/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	DIXON, CHARLES E JR.	10411 ALTA DRIVE, SUITE 300	JACKSONVILLE FL 32226	<input type="checkbox"/>
D	DIXON, BARRYES E	10411 ALTA DRIVE, SUITE 300	JACKSONVILLE FL 32226	<input type="checkbox"/>
D	DIXON, EDITH D	10411 ALTA DRIVE, SUITE 300	JACKSONVILLE FL 32226	<input type="checkbox"/>
D	DIXON, OLIVER L	10411 ALTA DRIVE, SUITE 300	JACKSONVILLE FL 32226	<input type="checkbox"/>
D	THOMPSON, NATHAN L	10411 ALTA DRIVE, SUITE 300	JACKSONVILLE FL 32226	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	Dixon, Barry E.			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

757-7500

Daytime Phone #

0513790

CR2E034 (9/96)