

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
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DOCUMENT # **P97000023456 (1)**

1. Corporation Name

ABSOLUTE INDUSTRIES, INC.



Principal Place of Business

**2890 EMILY LANE W.
JACKSONVILLE FL 32277**

Mailing Address

**2890 EMILY LANE W.
JACKSONVILLE FL 32277**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-343-6935

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELKINS, HAROLD
6081 MERRILL ROAD
JACKSONVILLE FL 32277**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

HAWXHURST, ROBERT O

STREET ADDRESS

2890 EMILY LANE W.

CITY - ST - ZIP

JACKSONVILLE FL 32277

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I 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 on an attachment with an address.

SIGNATURE:

Robert O. Hawxhurst
Robert O. Hawxhurst

904 728 4392

CR2E034 (10/97)