PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092795

1. Corporation Name

7 ACME STREET JACKSONVILLE FL 32211
2a. Mailing Address
2a. Mailing Address
26
Suite, Apt. #, etc.
City & State
28
Zip Country
-

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90236 011 ***150.00



ACME STREET ACKSONVILLE FL 32211	•	7 ACME STREET JACKSONVILLE FL 32211			DO NOT WRITE IN THIS SPACE				
•					3. Date Incorporated or Qualifed 10/27/1997				
2. Principal Place of Business	28	. Mailing Address			4. FEI Number		Applied For		
	26				59-3482924		Not Applicable		
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional Required		
City_& State		City_&:State			=6,-Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees		
Zip 25	Country	Zip 30	Country		This corporation owes the current year Int Personal Property Tax.	angible □ Yes	□No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
Fanning, Stanle' 1473 Winnebago Jacksonville Fl	/ AVENUE		81 82 83	Name Street Addres	ss (P.O. Box Number is Not Acceptable)				

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (Ni	OTE: Registered Agent signature r	required when rein	stating)	DATE				
12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DPT DELETE	1.1 TITLE				Change	☐ Addition		
NAME	FANNING, KENNETH W	1.2 NAME							
STREET ADDRESS	5819 WINDEMERE ROAD	1.3 STREET ADDRESS	5819	windermere	Darve				
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP							
TITLE	VSD DELETE	2.1 TITLE				☐ Change	☐ Addition		
NAME	FANNING, STANLEY W	2.2 NAME							
STREET ADDRESS	1473 WINNEBAGO AVENUE	2.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32210	2. 4 CITY-ST-ZIP	<u></u>						
TITLE	☐ DELETE	3.1 TITLE				Change	☐ Addition		
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	DELETE	4.1 TITLE				Change	☐ Addition		
NAME		4. 2 NAME							
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		5.4 CITY-ST-ZIP					CT 4 4 4 9 0		
TITLE	DELETE	6.1 TITLE				☐ Change	Addition		
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-7IP		6.4 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, with all other like empowered.

SIGNATURE:

ASPAN USE OURED AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Zip Code

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