## 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 # P97000096582 (6)

FRANCIS & BUSH MANAGEMENT GROUP, INC.

## FILED May 18 1998 8:00am Secretary of State



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Principal Plac											
1735 DOLOMA STREET 1735 DOLOMA STREET JACKSONVILLE FL 32221 JACKSONVILLE FL 32221											
JACKSONVILLE FL 32221 JACKSONVILLE FL 32221							DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate	3. Date Incorporated or Qualified				
						11/12/1997					
2. Principal Place of Business 28. Mailing Address						4. FEI Number		·	7	Applied For	
21 505 N. Liberty Street 26						59-347	7020		1	lot Applicable	
Sulte, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			\$8.75 Additional		
22						o. Certificate of Six	(US DESIFEC		Fee F	Required	
City & State						6. Election Campaign Financing \$5.00 May Be			May Be		
23 JOCK	Sorville. FL 28					Trust Fund Cont	ribution		Added	to Fees	
Zig 322	Country Zip Co			ntry		8. This corporation owes or has paid the current year Intangible					
24 JLL						Personal Property Tex due June 30. Yes No  10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Add	ess of New Reg	ISTOTOD AS	jent		
FRANCIS, FALICIA I					ivame					1	
1735 DOLOMA STREET					Street Add	dress (P.O. Box Number	is Not Acceptable	e)			
j JA	CKSONVILLE FL 32221		ļ			· ···					
				83	l						
			ŀ	84	City				<b>85</b> Zir	Code	
					<u> </u>	·····		<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Fl <b>orida S</b> tatut • Florida, Such ch <b>anne</b> was	tes, the ab	oove Thu	-named cor	rporation submits this sta	tement for the pu	irpose of c	hanging	its registered	
agent. I a	egistered agent, or both, in the State of miliar with, and accept the obligation	ions of, Section 607.0505, F)	orida State	utes	s.	Dillori o Bodra or Birocioro	. I tibloby doopt	ano appoi	11111011110	0 (09,0,0,0	
SIGNATURE											
	Signature typed or printed name of registered agent			Ago	nt signature requ	ured when reinstating)	1050 TO 055105	DATE		70.01.10	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHA	NGES TO OFFICE				
TITLE				1.1 TITLE				L	Change	Addition	
NAME	FRANCIS, PALICIA T		1.2 NA								
STREET ADDRESS	HOWOTHING EL ADOCA			1.3 STREET ADDRESS						Į.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	Doc tec	1.4 CH 2.1 TH		1-Z(P				10		
TITLE	DELETE							L	_ Change	Addition (	
NAME				2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32244		2. 4 CI		IT-ZIP			····			
TITLE		DELETE	3.1 TIT	LE				L	_ Change	Addition	
NAME			3.2 NA	ME							
STREET ADDRESS			. 3.3 ST	REET	ADDRESS					}	
CITY-ST-ZIP			3.4. CI		IT - ZIP				<del></del>		
TITLE		DELETE	4.1 Tit	LE				L	_ Change	Addition	
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STREET ADDRESS			4.3 ST	REET .	ADDRESS	•				1	
CITY-ST-ZIP			4.4 CIT	TY-\$1	T - ZIP						
TITLE		☐ DELETE	5.1 TIT	LE	1			T	Change	Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 \$16	REET.	ADDRESS					1	
CITY-ST-ZIP	<u></u>		5.4 CIT	IY-\$1	T-ZIP						
TITLÉ		DELETE	6.1 7(7	LE		· · · · · · · · · · · · · · · · · · ·		Ι.	Change	Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6351	REET	ADDRESS					ł	
CITY-ST-ZIP			6 4 CIT								
	certify that the information supplied with	this filing does not qualify f				n Section 119.07(3)(i). Fl	orida Statutes. I fe	urther certi	fy that th	e information	

SIGNATURE:

10.07(3)(I). Florida Statutes, 1 further certify that the information indicated on this annual report or supplemental armual 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 our an attachment with an address.

SIGNATURE:

\*\*Control Statutes\*\*

\*\*Policy Formation\*\*

\*\*Policy Formati