

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90022 039 ***150.00

DOCUMENT # P97000099173

1. Corporation Name

LARRY L. ZENKE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

2. Principal Place of Business

2a. Mailing Address

12538 MASTERS RIDGE DRIVE
JACKSONVILLE FL 32225

12538 MASTERS RIDGE DRIVE
JACKSONVILLE FL 32225

21

26

4. FEI Number

Applied For

59-3493940

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

City & State

24

City & State

25

City & State

26

City & State

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, TIMOTHY P
121 WEST FORSYTH STREET
SUITE 900
JACKSONVILLE FL 32202

Same agent
Address
change only

81 Name Kelly, Timothy P.
82 Street Address (P.O. Box Number is Not Acceptable)
200 East Forsyth Street
83 Jacksonville
84 City Jacksonville FL 85 Zip Code 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ZENKE, LARRY L
STREET ADDRESS 12538 MASTERS RIDGE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME ZENKE, JO ANN
STREET ADDRESS 12538 MASTERS RIDGE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Larry L. Zenke, Larry L. Zenke

1/10/99

Date

(904) 646-4473

Daytime Phone #

CR2E034 (11/98)