SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000106442 (1)

CONTROLLE TONICHTON INVESTMENTS INC

FILED Aug 12 1998 8:00am Secretary of State

Principal Place	S DR.	Mailing Address 6911 ALMOURS DR. JACKSONVILLE FL 32	217			DO NOT WRITE IN THIS \$PACE
						3. Date Incorporated or Qualified 12/16/1997
2. Principal P	Place of Business	2a. Malling Address 26	hn			4. FEI Number Applied For Sylvasty 90953 Not Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				Certificate of Status Desired Status Desired Status Desired Status Desired Fee Required
City & State		City & State			_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Cou		Country	···	8. This corporation owes or has paid the current year intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
4164	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
	BROOK, H. LEON			וא	Name	
ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE FL 32202				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
agent. I : SIGNATURE	am familiar with, and accept the obli	igations of, section 607.050	, Florida :	Statutes		reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS CHANGES TO OFFICE BE AND DIRECTORS IN 142
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	D Skinner, arthur c III	☐ DELET		1.1 TITLE	{	Change L_ Addition
STREET ADDRESS	6911 ALMOURS DR.		1	.2 NAME .3 STREET.	ADDDESS	
	JACKSONVILLE FL 32217					
CITY-ST-ZIP TITLE	WIGHTON THELL I L VECTI	DELETI		.4 CITY-ST	-1.12	Change Addition
NAME		[_] DECE IE		2.2 NAME		L Change L Addition
STREET ADDRESS				3 STREET	ADDRESS	
CITY-ST-ZIP				4 CITY-ST		
TITLE	DELETÉ			3.1 TITLE		Change Addition
NAME .				3.2 NAME		
STREET ADDRESS			3	.3 STREET	ADDRESS	
CITY-ST-ZIP		,, <u></u>	3.	4 CITY-ST-	ZIP	*
TITLE	·	DELETI	4.	.1 TITLE		Change Addition
NAME			4	2 NAME		
STREET ADDRESS			4.	.3 STREET	ADDRESS	
CITY-ST-ZIP_				4 CITY-ST	ZIP	
TITLE		DELETI	5.	.1 TITLE	ļ	Change Addition
NAME			5.	.2 NAME		
STREET ADDRESS			5.	.3 STREET	ADDRESS	
CITY-ST-ZIP				.4 CITY-ST-	ZIP	
TITLE		DELETI		.1 TITLE		Change Addition
NAME			1	.2 NAME	[
STREET ADDRESS			6.	.3 STREET	ADDRESS	
CITY-ST-ZIP	1		6	4 CITY ST	.2IP	

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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.