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

DOCUMENT # P97000106545

1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90004 049 ***150.00

C. MCKE	ESSON, INC.								
Principal Place	e of Business	Mailing Address					#8III AIIB) D	111 01021 1	
6929 103 STREE		6929 103 STREET							
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210						DO NOT WRITE IN THE	SPACE		
						3. Date Incorporated or Qualifed	JOI YOL		
						12/18/1997			
Principal Place of Business 2a. Mailing Address						4, FEI Number		Applied	For
21		26			,	59-3484320	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required			
22		27				r ce required			
City & Stat	e	City & State				6. Election Campaign Financing		10 May	
23		28				Trust Fund Contribution		ed to Fe	es
Zip	Country	Zip		intry		8. This corporation owes the current year Ir	itangible □ Yes	Mγ	.
24	25	129	[30]			Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curren	it Registered Agent		81	Name	IV. Haile tille realies of tron registated	-0		
MCK	ESSON, CURTIS L								
6929 103 STREET				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	KSONVILLE FL 32210			83					-
							11-2		
i ·				84	City	F	85 2	ip Code	
44 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	tutes the a	LLL bove	e-named co	poration submits this statement for the purpose of	f changing	its regi	stered
office or r	registered agent of both in the State	or Fiorida. Such change was	authonze	นบข	LITE CUIDULA	tion's board of directors. I hereby accept the appoint	ointment as	registe	red
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, i	TOTICA Stat	lutes	=				ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registere	d Agen	nt signature requ	red when reinstating) DATE			
12.		ID DIRECTORS	13.		•,-	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 T	ITLE			☐ Chan	ge [Addition
NAME	MCKESSON, CURTIS L			IAME					.)
STREET ADDRESS	6929 103 STREET 1.3		1.3 S	TREET	T ADDRESS				İ
CITY-ST-ZIP	ACKSONVILLE FL 32210 14		ITY-S	T-ZIP					
TITLE	D	_		2.1 TITLE 2.2 NAME			☐ Char	ge L	Addition
NAME	MCKESSON, SUZANNE M								
STREET ADDRESS	6929 103 STREET JACKSONVILLE FL 32210		2.3 9	TREE	TADDRESS	⊸ -			-
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				F	Addition
TITLE			3.1 T	TILE				այշ և	
NAME							☐ Char	_	
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CITY-ST-ZIP					T ADDRESS		☐ Char		
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		☐ DELETE	3.3 S 3.4.0 4.1 T	STREET CITY-S TTLE	ST-ZIP		☐ Char	nge [] Addition
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NAME STREET ADDRESS		☐ DELETE	3.3 S 3.4.0 4.13 4.21 4.3 S	STREET CITY-S TILE NAME STREET	TADDRESS			ge [] Addition
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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 changes or on an attachment with an address, with all other like empowered.

SIGNATURES