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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000011671

1. Corporation Name
EIGHTY, INC.

Principal Place of Business
2406 HARPER ST.
JACKSONVILLE FL

Mailing Address
POST OFFICE BOX 40849
JACKSONVILLE FL 32203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7014 AC SKINNER AVE		28 7014 AC SKINNER AVE		02/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 290		27 SUITE 290		59-3495746	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 JACKSONVILLE FL		28 JACKSONVILLE FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32256		29 32256		30 USA	
Country		Country		Country	
25 USA		29 USA		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GABREE, BRIAN M
2406 HARPER ST.
JACKSONVILLE FL

81 Name **BRIAN M. GABREE**
 82 Street Address (P.O. Box Number is Not Acceptable)
7014 AC SKINNER AVE
SUITE 290
 84 City **JACKSONVILLE** FL 85 Zip Code **32256**

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 Brian M. Gabree **BRIAN M. GABREE** 3/31/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	J. G. RAY, JR.
STREET ADDRESS		1.3 STREET ADDRESS	7014 AC SKINNER AVE, # 290
CITY-ST-ZIP		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RICHARD H. FORNELL
STREET ADDRESS		2.3 STREET ADDRESS	7014 AC SKINNER AVE, # 290
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SEC / TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BRIAN M. GABREE
STREET ADDRESS		3.3 STREET ADDRESS	7014 AC SKINNER AVE, #290
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Brian M. Gabree **BRIAN M. GABREE** 3/31/99 (904) 569-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)