


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90112 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000063009</b> 1. Corporation Name <b>SONOC, INC.</b>					
Principal Place of Business <b>4310 PABLO OAKS COURT</b> <b>JACKSONVILLE FL 32224</b>			Mailing Address <b>4310 PABLO OAKS COURT</b> <b>JACKSONVILLE FL 32224</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>			2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		
3. Date Incorporated or Qualified <b>07/15/1998</b>			4. FEI Number <b>59-3522970</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>SKELTON, H J</b> <b>4310 PABLO OAKS COURT</b> <b>JACKSONVILLE FL 32224</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME <b>DAVIS, ROBERT D</b> STREET ADDRESS <b>4310 PABLO OAKS COURT</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32224</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>SKELTON, H J</b> STREET ADDRESS <b>4310 PABLO OAKS COURT</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32224</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>DAVIS, A. DANO</b> STREET ADDRESS <b>4310 PABLO OAKS COURT</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32224</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>VAS FRANCIS, H.D.</b> 4.3 STREET ADDRESS <b>4310 PABLO OAKS COURT</b> 4.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32224</b>					
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>V THORNE, SUSAN C.</b> 5.3 STREET ADDRESS <b>4310 PABLO OAKS COURT</b> 5.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32224</b>					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: Susan C. Thorne **SUSAN C. THORNE**

4/23/99 (904) 223-7480

Date Daytime Phone #

CR2E034 (11/98)