

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S06855 (8)  
1. Corporation Name  
62 S M, INC.

Principal Place of Business  
10675 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

Mailing Address  
10675 ATLANTIC BLVD.  
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1990 3a. Date of Last Report 04/18/1996  
4. FEI Number 59-3030633 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

GALLAGHER, BILL  
10675 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GALLAGHER, BILL  
STREET ADDRESS 10675 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LUDLOW, REBA J  
STREET ADDRESS 46 VILLAGE WALK DR  
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE D ☒ DELETE  
NAME LIPSEY, RICHARD L  
STREET ADDRESS 1400 PRUDENTIAL DR STE 3  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME DAVIS, JIM  
STREET ADDRESS 137 ABACO WAY  
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE D ☐ DELETE  
NAME O'KEEFE, TIM  
STREET ADDRESS 3520 BARQUENTINE RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 600002259936--3  
1.3 STREET ADDRESS -08/06/97--01103--022  
1.4 CITY-ST-ZIP \*\*\*165.00 \*\*\*165.00

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

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME KEL HUEAN  
3.3 STREET ADDRESS 1840 SELVAGRADE DR  
3.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME KEL HUEAN  
4.3 STREET ADDRESS 1840 SELVAGRADE DR  
4.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

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

14. I do 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.

CR2E034 (4/97)