FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(2)

FILED Jan 28 1998 8:00am Secretary of State

Principal Plac	SON'S SHELL INC. De of Business NTIC BLVD LLE FL 32225	Mailing Address 10716 ATLANTIC BLVD JACKSONVILLE FL 3222	5		DO NOT WRITE IN THE	
O Delegion of D	Place of Business	On Mallion Address			12/31/1990	
	Place of Business	2a. Mailing Address			4. FEI Number 59-3051384	Applied For
21 Puito Apt	1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				39-3051384	Not Applicable
					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
27 City & State City & State					6 Stantian Compaign Financing	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	······································	8. This corporation owes or has paid the d	· · · · · · · · · · · · · · · · · · ·
24	25	29	30	•	Personal Property Tax due June 30.	Yes no
=-1	9. Name and Address of Current		 		10. Name and Address of New Registers	
JA	ACKSON, JOHNNY A.	· · · · · · · · · · · · · · · · · · ·	81	Name		
	0716 ATLANTIC BLVD ACK8ONVILLE FL 32225		83 83		ress (P.O. Box Number is Not Acceptable)	
ı			84	City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NOTI			poration submits this statement for the purpose tion's board of directors. I hereby accept the a part when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETÉ	1.1 TITLE	<u>-</u>		Change Addition
NAME STREET ADDRESS	JACKSON, JOHNNY A. 3770 FEATHER OAKS DR E. JACKSONVILLE FL			T ADDRESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP		Change Addition
·	MONOUN CHEDONI B		2.2 NAME			C outside C vocation
NAME STREET ADDRESS	3770 FEATHER OAKS DR E.			ì		1
STREET ADDRESS	JACKSONVILLE FL			ADDRESS		i
TITLE		DELETE	2. 4 CITY - 3.1 TITLE	-01-71		Change Addition
NAME]		3.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME		•	4. 2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	į į		
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			\
STREET ADDRESS			6.3 STREE	T ADDRESS		
City of the			S 4 CITY	C1 71D		

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 oddress.