FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 PM 12:58

DOCUMENT # **S44949** **(3)**

1. Corporation Name

N75814 CORPORATION

Principal Place of Business	Mailing Address
926 FIFTH AVENUE NORTH JACKSONVILLE BEACH FL 32250	926 FIFTH AVENUE NORTH JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/12/1991**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21: 6525 YELVINGTON RD.
Suite, Apt. #, etc.
22: EAST PALATKA FLORIDA
City & State
23:
Zip 24: 32131
County 25: ST. JOHNS

2a. Mailing Address
26: 6525 YELVINGTON RD
Suite, Apt. #, etc.
27:
City & State
28: EAST PALATKA FLORIDA
Zip 29: 32131
County 30: ST. JOHNS

4. FEI Number: 59-3073215 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERSONS, ROBERT B. JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, JAMES	12 NAME		
STREET ADDRESS	436 BLAKE AVE	13 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, M.K.	22 NAME		
STREET ADDRESS	926 FIFTH AVENUE NO.	23 STREET ADDRESS	6525 YELVINGTON RD	
CITY-ST-ZIP	JACKSONVILLE BCH FL	24 CITY-ST-ZIP	EAST PALATKA FLORIDA 32131	
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	HOLTHAUS, KEVIN	32 NAME		
STREET ADDRESS	1500 ROBERTS DR.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Margaret K Williams MARGARET K. WILLIAMS 6-13-95 904 247-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020083 CP