## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Corporation Name  2000 CONTRACT PROVID  major Place of Business  POST OFFICE BOX 240  JACKSONVILLE FL 32201-0240  Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  25  9. Name and Address  SEFTON, JOHN T.  200 N LAURA ST.	Mailing .  POST JACK  2a. Mailing .  26 .  Suite	Address OFFICE BOX 24 SONVILLE FL 323 sing Address a, Apt. #, etc. 8 State			3. Date Incorporated or Qualified 07/02/1991 4. FEI Number 59-3079604 5. Certificate of Status Desired	3a. Date of 04/1	
2000 CONTRACT PROVIDENCIPAL PROVIDENCIPAL Place of Business  POST OFFICE BOX 240  JACKSONVILLE FL 32201-0240  Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  25  9, Name and Address  SEFTON, JOHN T.  200 N LAURA ST.	POST JACK  2a. Mailing Jack  2b. Suite Jack  2r. Jack	OFFICE BOX 24 SONVILLE FL 32/ sing Address e, Apt. #, etc. 8 State	201-0240		3. Date Incorporated or Qualified 07/02/1991 4. FEI Number 59-3079604	3a. Date of t	.est Report <b>8/1995</b> Applied For Not Applicable
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Oty & State  Zip Country  25  9. Name and Address  SEFTON, JOHN T.  200 N LAURA ST.	27 City 28 7ip 29	8 State	Country		5. Certificate of Status Desired	\$	8.75 Additional
7(p) Country  25  9. Name and Address  SEFTON, JOHN T.  200 N LAURA ST.	28 71p 29		Country		1		Fee Required
9. Name and Address SEFTON, JOHN T. 200 N LAURA ST.	29	Agent	Country		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
SEFTON, JOHN T. 200 N LAURA ST.	s of Current Registered	Agent	30		This corporation has liability for Florida Statutes	intangible tax ur	nder s 199.032,
200 N LAURA ST.			81	Maria	10. Name and Address of New I	Registered Age	nt
200 N LAURA ST.				Name	10.0.0		
			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole) 	
JACKSONVILLE FL 32201-0240			83				
			84	City		FL 8	5 Zip Code
E D SEFTON, JOHN T. SELLADORESS 200 N LAURA ST.		S DELETE	13. 1. 1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDITIONS/CHANGES TO OF		RECTORS IN 12 hange
Y ST-20F JACKSONVILLE FL	·	DELETE	1.4 CITY - S 2 1 THILE	ST-ZIP		T C	hange
Mf			2 2 NAME			_	
n-ST-ZIC			2 3 STREET 2 4 City - S				
LE CALLED		DELETE	3 1 TITLE	21-24			hange Addition
ME RE-T ADDRESS			32 NAME 33 STREF	T ANNOPECS			
Y-SI-7P			3.4 CHY - S	1			
IF		DELETE	4 1 TITLE 4 2 NAME				hange Addition
ME REE! ADDRESS			4.3 STREET	ADDRESS			
*-S1-70P		C DOLLI	4.4 CITY - S	51-ZIP		——————————————————————————————————————	banga 🗀 Addition
.f Mi		DELFTE	5 1 TITLE 5 2 NAME				hange
RELEADOPESS			5 3 STREET	ADORESS			
LF		f DELETE	5 4 CITY - 5 6 1 TITLE	S1-2IP			hange [ ] Addition
M <sup>5</sup>			6.2 NAME				
RELLADORESS			6 3 STREET				
				s not qualify	for the exemption stated in Section 119		
<ul> <li>certify that the information indicated oath; that I am an officer or director appears in Block 12 or Block 13 if o</li> </ul>	of the proporation or the	receiver or truste	e empowered	ue and accura to execute th	ate and that my signature shall have the his report as required by Chapter 607, F	e same legal effe Florida Statutes;	or as it made under and that my name
SIGNATURE:			7		1/16/96 92	100	<b>~</b>