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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S65822

(6)

2000 CONTRACT PROVIDERS, INC.

**FILED** 

Apr 28 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

POST OFFICE BOX 240 JACKSONVILLE FL 32201-0240

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POST OFFICE BOX 240 JACKSONVILLE FL 32201-0240

3. Date Incorporated or Qualified

					07/02/1991		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3079604	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
2		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
28		28	]		Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Country		8. This corporation owes or has paid the	· · · · · · · · · · · · · · · · · · ·	
4	25	25 29 30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent	1221		10. Name and Address of New Register	ed Agent	
SEFTON, JOHN T.			81	Name			
200 N LAURA ST.			L	OO Chan Address (D.O. Chan Market in Not Asserted to			
JACKSONVILLE FL 32201-0240			82	82 Street Address (P.O. Box Number is Not Acceptable)			
WONDOWNELL I E DEED I DEED			83				
			L				
			84	City		85 Zip Code	
dd Dark and	1 St CO7 RCCO					<u>"L-                                     </u>	
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 a	m familiar with, and accept the obliga	ions of, Section 607. <b>050</b> 5, FI	orida Statute	s.			
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS /		
TITLE	D CONTRACT	DELETE	1.1 TITLE	1		Change Addition	
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	JACKSONVILLE FL 140		ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	SEFTON M. JEAN 460 Aprile Ave 22N 23S 240 24C 24C 25C 24C 25C 24C 25C 24C 25C 25C 25C 25C 25C 25C 25C 25C 25C 25		2.2 NAME				
STREET ADDRESS	win Adarbo Ave 235		2.3 STREET	ADDRESS			
CITY-ST-ZIP	TACK TO WILL F	7 2210	2. 4 CITY-	ST-2IP			
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	ſ		3.3 STREET	ADDRESS			
CATY - ST - ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE	51-217		Change Addition	
ł		C.) Ditterio	4.2 NAME	1		_ change _ reduced	
NAME							
Street address			4.3 STREET				
CITY-ST-ZIP		DELETE	4.4 CITY - S	ST-ZIP		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	T-ZIP			
14. I hereby c	ertify that the information supplied will	n this filing does not qualify f	or the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further	r 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 eath; 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.							