

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

APPROVED AND FILED

95 MAY 1 11:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mottram
 Secretary of State
 TALLAHASSEE, FLORIDA 32399

DOCUMENT # **S92930** (4)
 1. Corporation Name
ACANTHUS, INC.

Principal Place of Business
**1407 ATLANTIC BLVD
 JACKSONVILLE FL 32207
 US**

Major Address
**1407 ATLANTIC BLVD
 JACKSONVILLE FL 32207
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 State Apt # etc
 22 City & State
 23

2a. Mailing Address
 26 State Apt # etc
 27 City & State
 28

24 25 29 30

3. Date Incorporation or Qualified **11/08/1991**

3a. Date of Last Report **02/03/1994**

4. FEI Number **59-3100447** 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**

6. This Corporation has liability for other taxes under § 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HOWARD, JAMES M.
 1407 ATLANTIC BLVD
 JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 607.0502 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	DCS
NAME	HOWARD, JAMES M.
STREET ADDRESS	1407 ATLANTIC BLVD
CITY & ZIP	JACKSONVILLE FL
TITLE	DPT
NAME	RILEY, ANN MCGEHEE
STREET ADDRESS	1407 ATLANTIC BLVD.
CITY & ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b) Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the holder of a position governed by sections 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE: *Ann McGehee Riley* **Ann McGehee Riley** **5-1-95 398-5056**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR