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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # VØ1167

(8)

PROJECT 1020, INC.

FILED
Jun 10 1997 8:00am
Secretary of State

Principal Place	or Business 36 Autumy Vauey f ook 24912 (3224)	ROAD 10336, Au	AV Homes	UEY Rom	2		
P.O.BOX 24912 (32241) P.O. BOX 24912 (32241) JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257					3. Date Incorporated or Qualified	3a. Date of Last 6	Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For
21		26			59~3097693		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. Certificate of Status Desired	\$8.75	Additional
22	· • • • • • • • • • • • • • • • • • • •	27			5. Cerimoate of Status Desired	Fee P	lequired
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be		
710		70		Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Country		У	8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current	29 Registered Agent	30			Yes No	
	· · · · · · · · · · · · · · · · · · ·		81	Name	10. Name and Address of New Re	gistereo Agent	
524	INEIDER, KATHLEE	TN J.					
10336 AWWINN VALLEY ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
		•	83	83			
) Je	rcksonville, FL	. 32257					1
	,		84	City		Fi 85 Zip	Code
11. Pursuant to	the provisions of Sections 607 0602	and 607 1508 Florida State	itos the abox	n-named ears	oration submits this statement for the p		to annie to con-
office or rec	gistered agent, or both, in the State of	of Florida, Such change was	authorized b	y the corporate	ion's board of directors. I hereby accep	urpose of changing i It the appointment as	its registered s registered
agent, I am	ramiliar with and accept the obligat	jons of, Section (107.0505, F					
SIGNATURE =	pnature, typed or printed name of registeror agent	and tille if applicable (NC		AUGGN 7	. Schweider, Hres. T		45-74
12.	OFFICERS AND		13.	oni signalure require	ad which reinstating) ADDITIONS/CHANGES TO OFFIC	TAGE AND DIDECTOR	DC IAL 10
	MPT	DELETE	1 1 1 1 TLE		ABIATIONS/OFFICE TO OFFICE	Change	Addition
NAME 2	CALLEDOR KATHLE	the	1.2 NAME			C Orango	
STREET ADDRESS	SCHNEIDER, KATHLE	ucy ROAD		I ADDRESS			
CITY-ST-ZIP	JACKSONVILE, FL	33257	14 CAY-	į.			
	N	DELETE	2 1 101LE	31-211		Change	Addition
NAME A	GATTER AIM J.		22 NAME			change	
STREET ADDRESS	10336 Autuma VAU	EY ROAD		I ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL	32257	2 4 CITY-				
TITLE		DELETE	3.1 TOLE	31-21		Change	Addition
NAME			3.2 NAME			C Subrige	Aounon
STREET ADDRESS				I ADDRESS			ļ
CITY-ST-ZIP			3.4 CITY-				
TITLE		☐ DELF1E	4.1 1111	O1 211		Change	Addition
NAME		_	4 2 NAME				-,00/101
STREET ADDRESS				ADORESS			
CITY-ST-ZIP			4.4 CiTY-1	i			
TITLE	<u> </u>	DELETE	51 TITLE			Change	Addition
NAME		 ·	5.2 NAME				Dr
STREET ADDRESS			53 STREET	ADDRESS			ro
CITY-ST-ZIP			5.4 CITY - 5				6.10
TITLE		DELETE	61 TITLE)		Change	Addition
NAME			62 NAME		80000221 -06/13/97010	LITBÖÖ	L.J AUGUSTON
STREET ADDRESS			6.3 STREE	Annorse	06/13/97 - 010	157023	
			1		***165.00		
CITY-ST-ZIP	certify that the information supplied	with this filing does not avail	6.4 CITY - S		in Postion 110 07(9Vi). Florido Clat des	1.5 - 10 - 1 - 15 - 15 - 15	

I do nevery 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 five 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, even an attachment with an abdress.

SIGNATURE:

05-Jun-1997

904 362-9831