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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

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Mailing Address

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Principal Place of Business 6346 GREENLAND ROAD 6346 GREENLAND ROAD JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 3a. Date of Last Report 3. Date Incorporated or Qualified 12/19/1991 04/18/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3097682 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip ☐ Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARBOUR, MARK 6346 GREENLAND ROAD 83 JACKSONVILLE FL 32223 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1 1 TITLE TITLE CR2E034 BARBOUR, MARK D 1.2 NAME NAME **6346 GREENLAND RD** 13 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition Char ge DELETE 2. 1 TITLE TITLE 2.2 NAME NAMÊ 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP ☐ Charige Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP Charige ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Addition Change □ DELETE 5 1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 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)(k), 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 earlt; 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.

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