

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03774 (9)

1. Corporation Name

C & A COURTNEY ENTERPRISES, INC.

Principal Place of Business

1045 RIVERSIDE AVENUE
SUITE 300
JACKSONVILLE FL 32204

Mailing Address

1045 RIVERSIDE AVENUE
SUITE 300
JACKSONVILLE FL 32204



2. Principal Place of Business

21 711 MARGARET ST

2a. Mailing Address

26 711 MARGARET STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FL

27 City & State

28 JACKSONVILLE, FL

24 Zip

32204

25 County

DUVAL

29 Zip

32204

30 County

DUVAL

9. Name and Address of Current Registered Agent

COURTNEY, CHESTER J.
2784 POST STREET
JACKSONVILLE FL 32205-7622

81 Name

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

83

84 City

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or print name of registered agent and then apply)

12. Officers and Directors

12. OFFICERS AND DIRECTORS

TITLE D
NAME COURTNEY, CHESTER J.
STREET ADDRESS 2784 POST ST.
CITY-ST-ZIP JACKSONVILLE FL 32205-7622

DELETE

TITLE D
NAME COURTNEY, ANNA J.
STREET ADDRESS 2784 POST ST.
CITY-ST-ZIP JACKSONVILLE FL 32205-7622

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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, or on an attachment with an address.

SIGNATURE:

ANNA J. COURTNEY, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)