

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V05893** (5)

1. Corporation Name  
**EARL K. SAPP, INC.**



Principal Place of Business: **6011 BROOKRIDGE ROAD JACKSONVILLE FL 32210**  
Mailing Address: **6011 BROOKRIDGE ROAD JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified: **01/10/1992** 3a. Date of Last Report: **04/06/1995**  
4. FEI Number: **59-3102107** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ]  
2a. Mailing Address: 26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent

**SAPP, EARL K  
6011 BROOKRIDGE RD.  
JACKSONVILLE FL 32210**

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ] 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1509, 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. The day as of the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE: [ ] DATE: [ ]

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS  
1. TITLE: **DP** [ ] DELETE  
NAME: **SAPP, EARL K**  
STREET ADDRESS: **6011 BROOKRIDGE RD**  
CITY, ST, ZIP: **JACKSONVILLE FL**  
2. TITLE: **ST** [ ] DELETE  
NAME: **SAPP, BETTY W**  
STREET ADDRESS: **6011 BROOKRIDGE RD**  
CITY, ST, ZIP: **JACKSONVILLE FL**  
3. TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
4. TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
5. TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE: [ ] Change [ ] Addition  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
2. TITLE: [ ] Change [ ] Addition  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
3. TITLE: [ ] Change [ ] Addition  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
4. TITLE: [ ] Change [ ] Addition  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
5. TITLE: [ ] Change [ ] Addition  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]  
6. TITLE: [ ] Change [ ] Addition  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY, ST, ZIP: [ ]

14. I do hereby certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered or bonded agent, as provided 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 in a statement with an address.

SIGNATURE: *Earl K. Sapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-20-96

CR2E034 (12/95)