

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V17676** (0)

1. Corporation Name

**E.L.G. VENTURES, INC.**



Principal Place of Business

Mailing Address

**4925 BEACH BLVD  
JACKSONVILLE FL 32207  
US**

**4925 BEACH BLVD  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HANNA, NANCY L.  
6601 SOUTHPOINT DRIVE N  
SUITE 300  
JACKSONVILLE FL 32216**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**01/28/1992**

3a. Date of Last Report

**02/27/1995**

4. FEI Number

**59-3103475**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing



**\$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

SIGNATURE

Signature typed or printed name of registered agent and the registered agent (if not the registered agent, the name of the registered agent must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**D**

NAME

**GREEN, EDWARD L.**

STREET ADDRESS

**4925 BEACH BLVD**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**D**

NAME

**GREEN, EDWARD L.**

STREET ADDRESS

**4925 BEACH BLVD**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**D**

NAME

**GREEN, EDWARD L.**

STREET ADDRESS

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NAME

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STREET ADDRESS

**4925 BEACH BLVD**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**D**

NAME

**GREEN, EDWARD L.**

STREET ADDRESS

**4925 BEACH BLVD**

CITY - ST - ZIP

**JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**VICE PRESIDENT**

☐ Change

☒ Addition

**PAMELA K. MANGAN**

**9030 BLALOCK CT.**

**JACKSONVILLE, FL 32257**

**SECRETARY/TREASURER**

☐ Change

☒ Addition

**PAMELA K. MANGAN**

**9030 BLALOCK CT.**

**JACKSONVILLE, FL 32257**

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD L. GREEN**

**4/9/96**

**904/398-1005**

CR2E034 (12/95)