

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 27 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V20709 (4)
1. Corporation Name
INTERNATIONAL FORM CORPORATION

Principal Place of Business
233 TRESKA RD
JACKSONVILLE FL 32225

Mailing Address
233 TRESKA RD
JACKSONVILLE FL 32225-6559

3. Date Incorporated or Qualified 03/12/1992
3a. Date of Last Report 08/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-3120096

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LEPRELL, SAMUEL L~~
~~223 E. BAY ST.~~
~~SUITE 901~~
~~JACKSONVILLE FL 32202~~
F&L CORP.
200 LAURA STREET
JACKSONVILLE, FL
32202-3527

81 Name F & L CORP.
82 Street Address (P.O. Box Number is Not Acceptable)
200 LAURA ST.
83 3rd. Floor
84 City JACKSONVILLE FL 85 Zip Code 32202

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 607.0509, Florida Statutes.

SIGNATURE *William E. King, authorized signature*
By William E. King, authorized signature for F&L Corp. 6/24/97
Signature, typed or printed name of registered agent, and title, if applicable (Not: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SHERRER, ARTHUR JR
STREET ADDRESS 233 TRESKA RD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE
NAME DSTC
STREET ADDRESS NASH, WILLIAM E. JR.
CITY-ST-ZIP 233 TRESKA RD.
JACKSONVILLE FL 32225

TITLE ☐ DELETE
NAME VINCENTY, CLAUDIO M
STREET ADDRESS 100 ALICE WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE
NAME TOWERS, CHARLES D., JR.
STREET ADDRESS 1301 RIVERPLACE DR., SUITE 1500
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE
NAME ROBERT L. MURPHY
STREET ADDRESS 233 TRESKA RD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ DELETE
NAME GERALD KOSLOWSKI
STREET ADDRESS 233 TRESKA RD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 400002227424--1

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP -07/01/97--01032--008
****165.00 ****165.00

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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 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: *ASHER* (904) 725-8100

CR2E034 (9/96)