**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 # **V46247** **(5)**

1. Corporate Name

**ALL FLORIDA ENTERPRISES OF JACKSONVILLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3837 HARBOR DR.<br>JACKSONVILLE FL 32202<br>US | P.O. BOX 10024<br>JACKSONVILLE FL 32207<br>US |

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business — 21
Suite, Apt. #: 22
City & State: 23
Zip: 24 County: 25

2a. Mailing Address — 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 County: 30

4. FEI Number: **59-3131011** ☐ 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: [X] Yes ☐ No

9. Name and Address of Current Registered Agent

**BOYD, JAMES R. III**
**3837 HARBOR DR.**
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1804, 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 — Name of Person Authorizing Change — Title — Date

| 12 OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| DS<br>BOYD, BENITA S<br>3837 HARBOR DR.<br>JACKSONVILLE FL 32207 | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY, ST, ZIP | DP<br>BOYD,III JAMES R.<br>3837 HARBOR DR.<br>JACKSONVILLE FLA., 32207 — ☒ Change ☐ Addition |
| D<br>BOYD, OLETHA W.<br>3964 SAN JOSE BLVD.<br>JACKSONVILLE FL 32207 | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY, ST, ZIP | D<br>BOYD, IDA B.<br>6000 , 3A<br>Jacksonville Fl., 32217 — ☐ Change ☐ Addition (X) |
| D<br>BOYD, ALYCE B<br>1609 N.W. 19TH CIRCLE<br>GAINESVILLE FL 32605 | ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY, ST, ZIP | ☐ Change ☐ Addition |
| DP<br>BPUD, JAMES R III<br>3837 HARBOR DR.<br>JACKSONVILLE FL 32207 | ☒ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY, ST, ZIP | ☐ Change ☐ Addition |
| D<br>BOYD, IDA B<br>1132 RIO ST. JOHNS DR.<br>JACKSONVILLE FL 32211 | ☒ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY, ST, ZIP | ☐ Change ☐ Addition |
| D<br>BOWER, JEAN H<br>2409 CHADFORD WAY<br>LOUISVILLE KY 40222 | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY, ST, ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 with an address.

**SIGNATURE:** John R Boyd III President — 1-22-1996 — 904 3980563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
JAMES R. BOYD III