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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55274

(7)

CHURCHILL PROPERTIES, INC.

FILED Jan 16 1997 8:00am Secretary of State

Principal Place 2707 CHRISTO JACKSONVILL	opher CRK RD	Mailing Address P.O. BOX 5761 JACKSONVILLE FL 322	247-5761			
US					3. Date Incorporated or Qualified 07/31/1992	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3134328	Not Applicable
Suite Apt #, etc		Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		·		Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Constant	700	Coun	la.	Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	30	ıry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \tag{\text{Yes} No
24	9. Name and Address of Curren		30]		10. Name and Address of New Rec	
MO	NROE, VAN S.		8	Name		<u></u>
270	7 CHRISTOPHER CREEK RD N		ļ	2 Street Add	ress (P.O. Box Number is Not Acceptable	
JAC	CKSONVILLE FL 32217			Si out rudi	( .c. box ramber to rect acceptable	<u> </u>
]			ε	33		
			E	4 City		85 Zip Code
				1	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE					poration submits this statement for the pution's board of directors. I hereby accep	
12.	Signature type I in printed number (reg. time age	D DIRECTORS	13.	Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TITLE	DPT CHI THE THE	DELETE	1 1 TITL	E	7.25110113/01.111020 10 0/7.10	Change Addition
NAME	MONROE, VAN S.		12 NAM	IE )		
STREET ADDRESS	2707 CHRISTOPHER CREEK	ROAD	1.3 STRI	EET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY	-ST-ZIP		
THLE	\$	DELFTE	2.1 TITL	E		Change Addition
NAME	MONROE, JANE H		2.2 NAM	IE (		į
STREET ADDRESS	2707 CHRISTOPHER CREEK	ROAD	2 3 STRI	FET ADDRESS		í
CITY-SI-ZIP	JACKSONVILLE FL			Y-ST-ZIP		
TITLE	AS WILSON POREDT I	DELETE	3.1 TITL	ì		Change Addition
NAMÉ	WILSON, ROBERT J. 655 CHARLES CARROL ST		3 2 NAV	- I		
STREET ADDRESS	ORANGE PARK FL			ET ADDRESS		İ
CITY - S1 - ZIP	VIVIOL FAIR FL	DELETE	3.4. CIT	Y-St-ZIP		Change Addition
TITLÉ		בייין הבגנונ	4 1 111L	Į.		□ overige □ Notificial
NAMÉ Proces Asimpres				EET ADDRESS		
STREET ADDRESS				r-ST-ZIP		
CITY-ST-7P		DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM			<u></u>
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIF				'-ST-ZIP		
TITLE		DELETE	6 1 T(TL			☐ Change ☐ Addition
NAME			6.2 NAM	1E .		-
STREET ADDRESS			L.	EET ADDRESS		
C+TY+ST+ZIP				-S1-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 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 confination 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 changes or on an effective manual 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 confined statutes; and that my name appears in Block 12 or Block 13 if changes or on an effective manual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

SIGNATURE:

THE AND THE ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

18/97 904/733-870