

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90040 050 \*\*\*150.00

DOCUMENT # **V70092**

1. Corporation Name

**AUTOMATED BUSINESS MACHINE OF JACKSONVILLE, INC.**

Principal Place of Business

**2282 ATLANTIC BLVD  
JACKSONVILLE FL 32207**

Mailing Address

**P.O. BOX 5266  
JACKSONVILLE FL 32247-5266  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1992**

2. Principal Place of Business

2a. Mailing Address

**21 2282 ATLANTIC BLVD.**

**26**

Suite, Apt. #, etc.

**22**

**27**

Suite, Apt. #, etc.

City & State

City & State

**23 JACKSONVILLE, FL**

**28**

Zip

Country

Zip

Country

**24 32207**

**25**

**FL**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITAKER, RON L  
2282 ATLANTIC BLVD  
JACKSONVILLE FL 32207**

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P  
NAME WHITAKER, MARY W  
STREET ADDRESS 12877 MEAD LANDING  
CITY-ST-ZIP JACKSONVILLE FL 32257**

TITLE ☐ DELETE

**V  
NAME WHITAKER, RON. L W  
STREET ADDRESS 12877 MEAD LANDING  
CITY-ST-ZIP JACKSONVILLE FL 32257**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE: **Mary W. Whitaker** MARY W. WHITAKER

Date

Daytime Phone #

**4/25/99**

CR2E034 (11/98)