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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996	
DOCUMENT 1. Corporation Name	#

SIGNATURE:

V70950

(3)

S. MC	INTOSH, INC.			 	INI BUNKANSKI BUSHI BUSHI BUSHI SKRILI SURKI IBAK
Discoul Discoul	(f)	M. L. Adding			
Principal Place o		Mailing Address 8114 HARE AVE			
8114 HARE / JACKSONVIL		JACKSONVILLE FL 32	211		
				3. Date Incorporated or Qualified 10/14/1992	3a. Date of Last Report 04/24/1995
2. Principal Plac	e of Business	2a. Muiling Address		4. FEI Number	Applied For
21	11 /1	26	•   —	<b>*********</b> 5°	7-3/45753 Not Applicable
Suite, Apt. #,	etc	Sy el Apple de /		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	110 CI	川河がし		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	₩No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	)SH, SHIRLEY A		82 Street Ad	ess P.O. Box Number is No Acquitab	
	ARE AVE				
JACKSO	DNVILLE FL 32211		83	$\mathbf{V} \mathbf{V} \mathbf{V} \mathbf{V} \mathbf{V} \mathbf{V} \mathbf{V} \mathbf{V} $	THNISE.
			84 City	Y-U	85 Zip Code
			OH OHY	•	FL   FL   FL   FL   FL   FL   FL   FL
<ol> <li>Pursuant to or registered familiar with.</li> </ol>	the provisions of Sections 607,0502 a flagent, or both, in the State of Florida , and accept the obligations of, Sectio	nod 607,1508, Florida Statutes i Such change was aufhorize in 607,0505, Florida Status is.		ration submits this statement for the pur rrd of directors. Thereby accept the appr	pose of changing its registered office pintment as registered agent. I am
SIGNATURE		No C	HANGE		DATE
12.	Of FICERS AND	DERECTORS	13.	ad when reaching  ADDITIONS/CHANGES TO OFF	
TITLE	PT	DELETE	1. 1 TITLE	ADDITIONS OF ANGLES TO OFF	Change Addition
NAME	MCINTOSH, SHIRLEY A		1.2 NAME		
STREET ADDRESS	8114 HARE AVE		1.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CHY-SI-ZIP	Ni //	110
THLE	VS	DELETE	2 17IILE	ハトト・イ・1111	☐ € dange ☐ Addition
NAME	WHITAKER, REBECCA A.	<b>L.</b>	2 2 NAME	תת. ו ועו	//IOC
STREET ADDRESS	8926 FREE AVENUE		2.3 STBEET ADDRESS	10 0.11	
CiTY-ST-ZiP	JACKSONVILLE FL		2 4 CHY+S1+ZIP		
TITLE		DELETE	3 1 TITLE	,	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 C(1Y - S1 - ZIP		
TITLE		☐ DELFTE	4 1 T TLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CHY - ST - ZiP		
THTLE		DECETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY - ST - ZIP			5.4 CITY - S1 - 7/P		
TITLE		DELETE	S ATRILE		Change Addition
NAME.			6.2 NAME		
STREET ADORESS			6.3 STREET ACORESS		
CITY - ST - ZIP			6.4 CITY - \$1 - ZIP		
14. I do hereby	certify that the information supplied who information indicated on this against	ith this filing is voluntarily furns at report or supplemental appli	shed and does not qualify all record is true and accord	for the exemption stated in Section 119 ate and that my signature shall have the	07(3)(k), Florida Statutes, I further same legal effect as if made under
oath; that La	am an officer or director of the corpora Block 12 or Block 13) I changed, or or	ation or the received or trusted	empowered to execute the	is report as required by Chapter 607, FI	orida Statutes; and that my name

4-10-96 (904)724-8185