

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90084 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740025**

1. Corporation Name

**LOOK AND LIVE, INC.**

Principal Place of Business

124 WEST ASHLEY ST  
 JACKSONVILLE FL 32202

Mailing Address

124 WEST ASHLEY ST  
 JACKSONVILLE FL 32202

103173-90084-31



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/31/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1762209	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

**SWAIN, WILLIAM R.**  
**2 PRUDENTIAL PLAZA**  
**SUITE 1710**  
**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 Sections 617.0502 and 617.1508, 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 617.0503, 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	PD WHITTAKER, E. H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 S. FIRST STREET	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SOUND, A.C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3738 RIVER HALL DR	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32217	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SWAIN, W.R.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3713 TIMUCUA TRAIL	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32277-2251	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BLOUNT, JOHN O.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6264 RIVERA LANE	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32216-2532	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John O. Blount*  
**JOHN O. BLOUNT**

(904) 366-1221

CR2E037 (11/98)