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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000434 (1)
1. Corporation Name
EAA CHAPTER 193, INC.



Principal Place of Business 8409 BRIERWOOD RD. JACKSONVILLE FL 32217	Mailing Address 8409 BRIERWOOD RD. JACKSONVILLE FL 32217-4503
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3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 02/14/1996
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21. Principal Place of Business Suite, Apt. #, etc. 330 WEST LINDA ST. City & State MACCLENNY, FLA Zip 32063	25. Country BAKER	26. Mailing Address Suite, Apt. #, etc. RT 2 BOX 450 D City & State MACCLENNY, FLA Zip 32063	30. Country BAKER
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MORITZ, JOHN J
8409 BRIERWOOD RD.
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81. Name TOBE A. MORROW
82. Street Address (P.O. Box Number is Not Acceptable) 330 WEST LINDA STREET
83. City MACCLENNY
84. State FL
85. Zip Code 32063

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: John A. Morrow, **TOBE A. MORROW, PRESIDENT** **23 JAN 1997**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD MORITZ, JOHN J	<input checked="" type="checkbox"/>
STREET ADDRESS	8409 BRIERWOOD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD LOVERN, ALBERT	<input checked="" type="checkbox"/>
STREET ADDRESS	1047 LARK STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD MCNULTY, THOMAS D	<input type="checkbox"/>
STREET ADDRESS	1821 AUTUMNBROOK LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD MORROW, TOBE A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	330 WEST LINDA ST.		
1.3 STREET ADDRESS	MACCLENNY, FLA 32063		
1.4 CITY-ST-ZIP			
2.1 TITLE	VD STATON, SAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	2552 CHESTER BROOK COURT		
2.3 STREET ADDRESS	JACKSONVILLE, FL 32224		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A. Morrow, **TOBE A. MORROW**, **23 JAN 1997** **772-5498**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *0006693

CR2E037 (9/96)