

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073617 (9)**

1. Corporation Name

THE C 3 COMPANY OF JACKSONVILLE, INC.



Principal Place of Business

**4102 ROBIN HOOD ROAD
JACKSONVILLE FL 32210**

Mailing Address

**4102 ROBIN HOOD ROAD
JACKSONVILLE FL 32210**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**CAPON, RICHARD W
4102 ROBIN HOOD ROAD
JACKSONVILLE FL 32210**

81 Name

82 Street Address (P.O. Box Not Permitted) Not Applicable

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(1)(a), 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, Sections 607.01(1) and 607.15(1)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAPON, RICHARD W	
STREET ADDRESS	4102 ROBIN HOOD ROAD	
CITY, ST, ZIP	JACKSONVILLE FL 32210	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAPON, THOMAS J	
STREET ADDRESS	209 MORGANS LANDING DRIVE	
CITY, ST, ZIP	DUWOODY GA 30350	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAPON, MICHAEL H	
STREET ADDRESS	209 MORGANS LANDING DRIVE	
CITY, ST, ZIP	DUWOODY GA 30350	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 TITLE	
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9 TITLE	
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***200.00**

14. I do hereby certify that the information supplied by this corporation is true, correct and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information included in 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 registrant or trustee, authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an affidavit filed with this report.

SIGNATURE: *Richard W. Capon* **RICHARD W. CAPON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

904-384-7042

CR2E034 (12/95)