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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 235388

1. Corporation Name
WESJAX DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205	569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/12/1960

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-0900850 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. XX Yes ☐ No

9. Name and Address of Current Registered Agent

WEDEKIND, LEE D
4727 VERONA AVENUE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Byrd, Clifton R.
82 Street Address (P.O. Box Number is Not Acceptable): 5340 Shorecrest Drive
83
84 City: Jacksonville FL 85 Zip Code: 32210

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: Clifton R. Byrd — 1-5-99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGRICOLA, WILLIAM 914 ATLANTIC AVE SUITE 2A FERNANDINA BEACH FL 32034	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACE, JR J 1909 SALT MYRTLE LN ORANGE PARK FL 32073	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCAUTHUR, D. W. III 4835 ARAPAHOE AVE. JACCKSONVILLE FL 32210	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/S/D McArthur, D.W. III 4835 Arapahoe Ave. Jacksonville, FL 32210	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEDEKIND, LEE D 4727 VERONA AVE JACKSONVILLE FL 32210	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Wade, Neill G. III 154 El Terrace Folkston, GA 31537	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, JAMES 500 WATER ST., J-800 JACKSONVILLE FL 32202	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P/D Byrd, Clifton R. 5340 Shorecrest Drive Jacksonville, FL 32210	☐ Change XX Addition

CR2E034 (11/98)

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 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: Clifton R. Byrd — Clifton R. Byrd — 1-5-99 — 904-388-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #