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# Jan 30 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **725470** (9)

1. Corporation Name

**JACKSONVILLE MARINE INSTITUTE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 13375 BCH BLVD<br>JACKSONVILLE FL 32224 | 13375 BCH BLVD<br>JACKSONVILLE FL 32246-7260 |

3. Date Incorporated or Qualified: **02/06/1973**
3a. Date of Last Report: **04/17/1996**

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

4. FEI Number: **59-1447527** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**HULL, DAVID J**
**227 SOUTH CALHOUN**
**TALLAHASSEE FL 32302**

**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's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILSON, CHARLES R | | 1.2 NAME | | |
| STREET ADDRESS | P.O. BOX 40789 (NA) | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32203-0789 | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MERCIER, LEE F | | 2.2 NAME | | |
| STREET ADDRESS | 200 WEST FORSYTH STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202-1425 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | ☒ DELETE | 3.1 TITLE | Vicepresident | ☒ Change ☐ Addition |
| NAME | SERKIN, HOWARD C | | 3.2 NAME | SUMNER, WILLIAM E JR | |
| STREET ADDRESS | 717 SPINNAKERS REACH | | 3.3 STREET ADDRESS | P.O. BOX 14008 | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | | 3.4 CITY-ST-ZIP | JAX 32210 | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | Treasurer | ☒ Change ☐ Addition |
| NAME | SUMNER, WILLIAM E JR | | 4.2 NAME | Daryl Jackson | |
| STREET ADDRESS | P.O. BOX 14008 (NA) | | 4.3 STREET ADDRESS | 1600 Belfort Pkwy Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | 4.4 CITY-ST-ZIP | Jax 32256 | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | O'REILLY, JAMES | | 5.2 NAME | | |
| STREET ADDRESS | 6440 ATLANTIC BOULEVARD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | | 5.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WEAVER, ROBERT S | | 6.2 NAME | | |
| STREET ADDRESS | 5915 BENJAMIN CENTER DRIVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33634 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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:** [signature] Robert S. Weaver Vice (813) 882-2300