FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731233

1. Corporation Name

LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX. (40 ET 8) DUVAL COUNTY, FLORIDA, VOITURE LOCALE

Principal Place of Business 5443 SAN JUAN AVENUE JACKSONVILLE FLORIDA 32210 Mailing Address

5443 SAN JUAN AVENUE JACKSONVILLE FLORIDA 32210

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90034 038 ****61.25

2. Principal P	Principal Place of Business 2a. Mailing Address						3. Date incorporated or Qualifed						
21		26						25/1974	4				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Number	^				pplied For
22		27					59	615328	8				ot Applicable
City & Stat	e	City & S	tate				5. Cert	ifcate of S	Status Des	sired			Additional
23 -		28											equired ==
Zip	Country	Zip	_	Cour	ntry		J		paign Fina	-		7	May Be
24	25	29	30	<u>) </u>		_			ontribution		letered		to Fees
	9. Name and Address of Current	Registered Age	ent	- 1	81 Nam		iv. Nar	ne and A			egistered	Agent	
						KA	RL	W			ISON		
FRASER, JAMES M.					82 Stree	Addres	ss (P.O.	3ox Numb	er is Not /	Acceptat	ple)		
2335 BAYVIEW ROAD						138	42	ring.	704	140	2		
JACKSON	VILLE FL 32210				83								
				ŀ	84 City		. /	11				85 Zip	Code
					J.A	CKSO	אוטאב				<u> FL</u>		2210
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508,	Florida Statutes,	the at	by the co	corpor	ration sub	mits this :	statement	for the p	ourpose of	changing it	s registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 6	nange was aut 617.0503, Flo <u>rid</u>	a Statu	ites.	JUI AUUI I	a boald	o. un butol	3. 1 HO10U				
=	EARL W. H. Ter	//	× B	sul)	2/1	412				0.	2~/.	2-99	7
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Re		Agent argratur	required v				•	DATE		······································
12.	OFFICERS AND			13.		,	ADDI	TIONS/CI	HANGES	TO OFF	ICERS A	ID DIRECT	
TITLE	MD		DELETE	1.1 गा	LE	1					•	Change	Addition
NAME	EDWARDS, JOHN E.			1.2 NA	ME								
STREET ADDRESS	5672 MINOCQUA STREET			1.3 STI	REET ADDRES	3							
CITY-ST-ZIP	JACKSONVILLE FL		:	1.4 CIT	Y-ST-ZIP								
TITLE	D	[DELETE	2.1 ΠΙ	LE			-				☐ Change	☐ Addition
NAME	TYRE, REYNO A.			2.2 NA	ME								
STREET ADDRESS				2.3 ST	REET ADDRES	3							
CITY-ST-ZIP	JACKSONVILLE FL				TY-ST-ZIP								
TITLE	D D		DELETE	3.1 111		1						☐ Change	Addition
	=	•		3.2 NA								_	
NAME	TARR, JOSEPH E.				REET ADDRES	,				• •			÷
STREET ADDRESS	1			Į.	TY-ST-ZIP							•	
CITY-ST-ZIP	JACKSONVILLE FL		DELETE	4.1 TIT		+						Change	☐ Addition
TITLE				4.2 N									_
NAME													
STREET ADDRESS					REET ADDRES	<u>'</u>							
CITY-ST-ZIP			DELETE		Y-ST-ZIP	+						Change	Addition
TITLE			□ ACTE C	5.1 TIT 5.2 NA								change	
NAME													
STREET ADDRESS					REET ADORES	1							
CITY-ST-ZIP			7 5-1 		ry-ST-ZIP	-					٠.	ПСьет	Addition
TITLE		l	DELETE	6.1 TIT								Change	☐ Addition
NAME				6.2 NA									
STREET ADDRESS				6.3 ST	REET ADDRES	S						1	
CITY+ST-ZIP	l e			6.4 CI	ry-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 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, with all other like empowered.

SIGNATURE: