

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **754665** (8)
1. Corporation Name

CENTRAL PARK ASSOCIATION, INC.



Principal Place of Business: **3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207**
Mailing Address: **3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **10/16/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P.O. Box 5369**
Suite, Apt. #, etc. **27**

4. FEI Number: **59-3070077**
Applied For: Not Applicable

City & State: **23 Jacksonville, FL**
City & State: **28 Jacksonville, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

Zip: **24 32247** Country: **25 Duval**
Zip: **29 32247** Country: **30 Duval**

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:
**MCGEEHEE, THOMAS R
3300 PHILLIPS HWY
JACKSONVILLE FL 32207**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, FRANK S	12 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DC <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, THOMAS R	22 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TAS <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPREE, J. W., JR.	32 NAME	TAS
STREET ADDRESS	3300 PHILLIPS HWY	33 STREET ADDRESS	Jonathan Y. Rogers
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	3300 Phillips Hwy Jacksonville, FL 32207
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, T.R., JR.	42 NAME	000001873680
STREET ADDRESS	3300 PHILLIPS HWY	43 STREET ADDRESS	-06/24/96--01054--026
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	***61.25
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, F.S., JR.	52 NAME	F. Sutton McGehee, Jr.
STREET ADDRESS	3300 PHILLIPS HWY	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	CFO
STREET ADDRESS		63 STREET ADDRESS	John Brent
CITY-ST-ZIP		64 CITY-ST-ZIP	3300 Phillips Hwy Jacksonville, FL 32207

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sutton McGehee 4/25/96 (904) 348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: F. Sutton McGehee, Jr. Vice President

CR2E037 (12/95)