03301999-90026-011-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 761640

1. Corporation Name
LES CHATEAUX OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
7201 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	7201 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/28/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2221206 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLBROOK, H. LEON, III 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202-2059	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 _____ 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	P D President	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	CLARK, ELLEN		1.2 NAME	JIMMY LEE CLARK, JR.	
STREET ADDRESS	7201 ARLINGTON EXP #40		1.3 STREET ADDRESS	9762 BAYVIEW AVE.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE FL. 32208	
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FYFE, JOHN		2.2 NAME		
STREET ADDRESS	159 CRANES LAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHESSER, JAY A.		3.2 NAME		
STREET ADDRESS	7201 ARLINGTON EXPRESSWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP		
TITLE	TD Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REESE, CHARLES		4.2 NAME		
STREET ADDRESS	1649 MALLORY ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALIZAIRE, GREG		5.2 NAME		
STREET ADDRESS	7201 ARLINGTON EXPRESSWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIP		
TITLE	D Secretary	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, LINDSAY		6.2 NAME		
STREET ADDRESS	P. O. BOX 36155		6.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27606		6.4 CITY-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: SIGNATURE REQUIRED Harold F. Harper Mgr. 3-26-99 Phone 724-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #