

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G25263 (6)**  
1. Corporation Name  
**EAST PARK REALTY, INC.**



Principal Place of Business: **3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 US**  
Mailing Address: **POST OFFICE BOX 5369 JACKSONVILLE FL 32247-5369 US**

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

3. Date Incorporated or Qualified: **02/23/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2298934** 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  
**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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when changing office)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGEEHEE, FRANK S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	MCGEEHEE, THOMAS R.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	DUPREE, J.W., JR.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, JONATHAN Y	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JAX FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGEEHEE, TR JR	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGEEHEE, F S JR	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	T AS
33 STREET ADDRESS	Jonathan Y. Rogers
34 CITY - ST - ZIP	3300 Philips Hwy Jacksonville, FL. 32207
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CFO
43 STREET ADDRESS	John Brent
44 CITY - ST - ZIP	3300 Philips Hwy Jacksonville, FL. 32207
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sutton McGeehee* 4/25/96 (904) 348-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)