


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90030 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H84723

1. Corporation Name
COMMERCIAL PROPERTIES OF JACKSONVILLE, INC.

Principal Place of Business 3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207	Mailing Address PO BOX 5369 JACKSONVILLE FL 32247 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1985	
21	22	26	27	4. FEI Number 59-2623216	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGEHEE, THOMAS R. 3300 PHILLIPS HWY JACKSONVILLE FL 32207				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ 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	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGHEE, THOMAS R.		1.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGHEE, FRANK S.		2.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FISHER, GUY		3.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGEHEE, SUTTON		4.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		4.3 STREET ADDRESS				
CITY-ST-ZIP	JAX FL		4.4 CITY-ST-ZIP				
TITLE	TAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROGERS, JONATHAN Y		5.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGEHEE, T.R., JR.		6.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		6.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		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 607, 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: Sutton M. McGehee McGehee 4/28/99 (904)348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)