

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # J72543 (8)**

1. Corporation Name  
**AZALEA POINT, INC.**

**FILED**  
 1995 JUL 19 AM 10:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~610 SMITH HULSEY & BUSEY~~ *9210 Cypress Green Dr*  
~~225 WATER STREET #1400~~  
~~JACKSONVILLE FL 32202~~  
 Jacksonville, FL

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 *9210 Cypress Green Dr* 25 *9210 Cypress Green Dr*  
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
 23 City & State *Jacksonville FL* 28 City & State *Jacksonville FL*  
 24 Zip Country 29 Zip Country

3. Date Incorporated or Qualified **05/11/1987** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **59-2806706** 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  
**SMITH HULSEY & BUSEY**  
**1800 FIRST UNION NATL BANK TOWER**  
**225 WATER STREET**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
 81 Name *C. Guy Bond*  
 82 Street Address (P.O. Box Number is Not Acceptable) *121 West Forsyth Ave*  
 83 *Suite 600*  
 84 City *Jacksonville* FL 85 Zip Code *32202*

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 *[Signature]*, *C. Guy Bond* DATE *6/20/95*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PDT</b>
NAME	<b>CRISP, DANIEL III</b>
STREET ADDRESS	<b>9452 PHILLIPS HWY #6</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VST</b>
NAME	<b>LINGERFELT, BRUCE A.</b>
STREET ADDRESS	<b>9452 PHILLIPS HWY #6</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>LINGERFELT, BRUCE A.</b>
STREET ADDRESS	<b>9452 PHILLIPS HWY #6</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>V-</b>
NAME	<b>LINGERFELT, DAVID D.</b>
STREET ADDRESS	<b>9452 PHILLIPS HWY #6</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Daniel T. Crisp III</b>	
1.3 STREET ADDRESS	<b>9210 Cypress Green Dr</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Delete</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Delete</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Delete</b>	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 unchanged or on an amendment with no additions.

SIGNATURE: *[Signature]* DATE *7-11-95* 904-731-3199  
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

CR2E034 (3/95)