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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N07117 (7)

1. Corporation Name

JACKSONVILLE MARINE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

%JOHN T. LOWE
1405 CARLOTTA ROAD, WEST
JACKSONVILLE FL 32211

%JOHN T. LOWE
1405 CARLOTTA ROAD, WEST
JACKSONVILLE FL 32211-4965

3. Date Incorporated or Qualified
01/15/1985

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1109509

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, JOHN T.
1405 CARLOTTA ROAD, WEST
JACKSONVILLE FL 32211

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME LYMAN, HASKELL
STREET ADDRESS 1251 PALM DR.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME LOWE, JOHN T.
STREET ADDRESS 1405 CARLOTTA ROAD, WEST
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV DELETE
NAME STROLLO, VINCENT
STREET ADDRESS 5415 PHILLIPS HWY.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME ALBRITTON, JOHN F., III
STREET ADDRESS 3809 MEEK DRIVE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ELLIS, JOHN W.
STREET ADDRESS 3164 TIGER HOLE ROAD
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME LOFTIN, WILLIAM A., JR.
STREET ADDRESS 6424 ARLINGTON WAY
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE TD Change 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Lowe

1/15/97

904-724-3003

Date

Daytime Phone #0006491

CR2E037 (9/96)