FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N20049

1. Corporation I	Name	10				
SCENIC J	ACKSONVILLE, INC.	* 3 46179 - 90091 - 5				
Principal Place of	of Business	Mailing Addre	SS			
C/O LINDA C. IA 1200 GULF LIFE JACKSONVILLE F US	DR. STE 800	C/O LINDA C. 1200 RIVER PI JACKSONVILLI US	LACE BLVD. STE 200			
2. Principal Plac	ce of Business	2a. Mailing Ad	ldress	3. Date Incorporated or Qualifed 04/08/1987		
Suite, Apt. #,	etc.	Suite, Apt.		4. FEI Number NOT APPLICABLE		
City & State		City & Sta	te	5. Certificate of Status Desired		
Zip	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution		
	9. Name and Address of Cu	rrent Registered Ager	nt	10. Name and Address of New Registered Agent		
BRINTON V	VILLIAM D		81 Name	t Address (P.O. Box Number is Not Acceptable)		

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90091 005 ****61.25

* 3 4 6 1 7 9 * 4 6 1 7 346179 - 90091 - 5



Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

ONE INDEPENDENT DR, STE 3200			83						
JACKSONVILLE FL 32202									
			84	City		FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 617.0502 and 6	17.1508, Florida Statutes	s, the abov	e-named corp	poration submits this statement fo	the purpose of	changi	ng its n	egistered
office or ragent. I a	egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of,	a. Such change was aut Section 617.0503, Florid	thorized by da Statutes	the corporati	on's board of directors, i hereby a	ccept the appoi	meni	as regi	stereu
SIGNATURE		Capalicable (NOTE: E	Pagistaned Ace	ot elepeture require	ad when reinstation)	DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri OFFICERS AND DIRECTORS			istered Agent algorithm required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				ECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE				☐ Ch	ange	Addition
NAME	INGHAM, LINDA C		1.2 NAME						
STREET ADDRESS			13 STREE	TADDRESS					
			1,4 CITY-5						
CITY-ST-ZIP TITLE	JACKSONVILLE FL	☐ DELETE	2.1 TITLE	ri -44r			Ch	ange	Addition
NAME	VD Gassett, S. William		2.2 NAME						
STREET ADDRESS				TADDRESS					
	JACKSONVILLE FL -		2.4 CITY-	i					
-CITY-ST-ZIP	STD STD	☐ DELETE	3.1 TITLE	91-21r			- Ch	ange	Addition
NAME			3.2 NAME	1					
	Brinton, William D. 1835 Challen Ave.			TADDRESS					
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	4.1 TITLE	31-ZIP			☐ Ch	ange	Addition
		<u></u>	4. 2 NAME					-	_
NAME				TADDRESS					
STREET ADDRESS	• •								
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	11-ZIP			□ Ch	ange	Addition
TITLE			5.2 NAME				_	•	
NAME				TADDRESS					
STREET ADORESS			5.4 CITY-5						
CITY-ST-ZIP		DELETE	6.1 TITLE				□ Ch	ange	Addition
		0-1	6.2 NAME					•	
NAME				TADDRESS					
STREET ADDRESS			6.4 CITY-S						
CITY-ST-ZIP	certify that the information supplied with this fi	ling does not qualify for t			Section 119 07(3)(i) Florida State	ites. I further cer	tify tha	t the int	formation
indicated officer or	ceruly that the information supplied with this in on this annual report or supplemental annual director of the corporation or the receiver or t or Block 13 if changed, or on an attachment	report is true and accur- rustee empowered to ex	ate and tha ecute this i	it my signatur report as reou	o shali have the same legal ettec	t as it made undi	ar oatn	: tnat i :	am an