


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90018 048 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23742**

1. Corporation Name  
**SOUTH JACKSONVILLE INDUSTRIAL PARK OWNER'S ASSOCIATION, INC.**

Principal Place of Business % C.F. ZELLERS, JR P O BOX 1048 ST. AUGUSTINE FL 32084	Mailing Address % C.F. ZELLERS, JR P O BOX 1048 ST. AUGUSTINE FL 32084
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578037-90004-23



2. Principal Place of Business 21 Subst. Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Subst. Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/04/1987	4. FEI Number NOT APPLICABLE Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent PAINE, LAWRENCE 1650 PRUDENTIAL DR. # 400 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name Heidi J. Eddins 82 Street Address (P.O. Box Number is Not Acceptable) One Malaga Street 83 84 City St. Augustine FL 85 Zip Code 32084
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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: *Heidi J. Eddins* DATE: 5/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ZELLERS, CARL F., JR. ONE MALAGA STREET ST. AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	
TITLE D	DYER, JACK P. ONE MALAGA STREET ST. AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	
TITLE VST	WEST, G P 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	<input type="checkbox"/> DELETE	
TITLE D	WEST, G P 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	<input type="checkbox"/> DELETE	
TITLE D	WEST, G P 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	<input type="checkbox"/> DELETE	
TITLE D	WEST, G P 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	<input type="checkbox"/> DELETE	
1.1 TITLE	Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	R.W. Anestis		
1.3 STREET ADDRESS	One Malaga St.		
1.4 CITY-ST-ZIP	St. Augustine, FL 32084		
2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	R.F. MacSwain		
2.3 STREET ADDRESS	One Malaga St.		
2.4 CITY-ST-ZIP	St. Augustine, FL 32084		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	G.P. West		
3.3 STREET ADDRESS	One Malaga St.		
3.4 CITY-ST-ZIP	St. Augustine, FL 32084		
4.1 TITLE	Vice President - Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Heidi J. Eddins		
4.3 STREET ADDRESS	One Malaga St.		
4.4 CITY-ST-ZIP	St. Augustine, FL 32084		
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 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, with all other the empowered.

SIGNATURE: *Heidi J. Eddins* DATE: 5/30/99

CR2E037 (1/198)

1 of 1