

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006674

1. Corporation Name
HABITAT RESOURCES OF DUVAL COUNTY, INC.

Principal Place of Business 2404 HUBBARD STREET JACKSONVILLE FL 32206	Mailing Address 2404 HUBBARD STREET JACKSONVILLE FL 32206
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 19-3545174 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BARKER, FRANK 2404 HUBBARD STREET JACKSONVILLE FL 32206	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, BRIAN	1.2 NAME	
STREET ADDRESS	50 N LAURA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, HARRY JR	2.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD #2400	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FELECIA	3.2 NAME	
STREET ADDRESS	2024 MEHARRY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLSON, BETTY	4.2 NAME	
STREET ADDRESS	11624 WELLINGTON WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, FRANK	5.2 NAME	
STREET ADDRESS	47 W 9TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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 like empowered.

SIGNATURE: SIGNATURE REQUIRED Frank Barker 904-632-0949
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 EXECUTIVE DIRECTOR

CR2E037 (1/98)