

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 001 *1,200.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000047823**

1. Corporation Name
REGENCY REALTY CORPORATION



Principal Place of Business Mailing Address
 121 W. FORSYTH STREET SUITE 200 JACKSONVILLE FL 32202
 200 LAURA STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
07/09/1993
 4. FEI Number Applied For
59-3191743 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
F&L CORP
200 LAURA STREET
JACKSONVILLE FL 32202

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STEIN, MARTIN E JR
STREET ADDRESS	121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MILLER, ROBERT L
STREET ADDRESS	121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VST <input type="checkbox"/> DELETE
NAME	LEAVITT, J C
STREET ADDRESS	121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	GILLANDER, ROBERT C
STREET ADDRESS	121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	THOMPSON, JAMES D
STREET ADDRESS	121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HOFHEIMER, NORMAN A JR
STREET ADDRESS	121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP	JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stein, Martin E. Jr.
1.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
1.4 CITY-ST-ZIP	Jacksonville FL 32202
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rogers, Mary Lou
2.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
2.4 CITY-ST-ZIP	Jacksonville FL 32202
3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gowen Alyson
3.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
3.4 CITY-ST-ZIP	Jacksonville FL 32202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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 607, 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: Alyson Gowen **REQUIRE** Alyson Gowen Date: **4-26-99** (904) 356-7000
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)