

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

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000082147 (7)

1. Corporation Name  
FL COMMERCIAL CENTERS, INC.



Principal Place of Business  
3740 BEACH BLVD  
SUITE 300  
JACKSONVILLE FL 32207

Mailing Address  
3740 BEACH BLVD  
SUITE 300  
JACKSONVILLE FL 32207-3883

3. Date Incorporated or Qualified: 11/09/1994  
3a. Date of Last Report: 03/13/1996  
4. FEI Number: 59-3279699  
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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

25. Country

29. Zip Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMETREE, J. C. JR  
3740 BEACH BLVD  
SUITE 300  
JACKSONVILLE FL 32207

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0532 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 do hereby, with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PT <input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	DEMETREE, J. C. JR.	13.2 NAME	
12.3 STREET ADDRESS	3740 BEACH BLVD. #300	13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	JACKSONVILLE FL	13.4 CITY - ST - ZIP	
12.5 TITLE	VPST <input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	DEMETREE, MARK C	13.6 NAME	
12.7 STREET ADDRESS	3740 BEACH BLVD. #300	13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	JACKSONVILLE FL	13.8 CITY - ST - ZIP	
12.9 TITLE	VPS <input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	DEMETREE, CHRISTOPHER C	13.10 NAME	
12.11 STREET ADDRESS	3740 BEACH BLVD. #300	13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	JACKSONVILLE FL	13.12 CITY - ST - ZIP	
12.13 TITLE	CEO <input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	DEMETREE, JACK C	13.14 NAME	
12.15 STREET ADDRESS	3740 BEACH BLVD. #300	13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	JACKSONVILLE FL	13.16 CITY - ST - ZIP	
12.17 TITLE	VPS <input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	DUNN, M. HARRIS C	13.18 NAME	
12.19 STREET ADDRESS	3740 BEACH BLVD. #300	13.19 STREET ADDRESS	
12.20 CITY - ST - ZIP	JACKSONVILLE FL	13.20 CITY - ST - ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY - ST - ZIP		13.24 CITY - ST - ZIP	

14. I, the undersigned, 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 included in 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 or on an attachment with an address.

SIGNATURE: *J. C. Demetree, Jr.* J. C. Demetree, Jr. 3/20/97 904-398-7350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paying Phone #

CR2E034 (9/96)