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

Mailing Address

2301 PARK AVE.

ORANGE PARK FL 32073

SUITE 210

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

ORANGE PARK FL 32073

2301 PARK AVE.

SUITE 210



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000011836 (0)

CYNTHIA B. GLAZIER, P.A.

02/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3297854 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRANT, MOORE M & WELLS 50 N LAURA ST. 3100 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 City 85 Zin 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 Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE GLAZIER, CYNTHIA B NAME 1.2 NAME 8069 WOODGROVE RD. STREET ADDRESS 1.3 STREET ADDRESS JACKS<u>ONVILLE</u> FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change Addition 213016 GLAZIER, SCOTT L NAME 2.2 NAME 8069 WOODGROVE RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4,1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition NAME 6.2 NAME ENFEET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes | further certify that the information 

SIGNATURE:

**FILED** 

Apr 06 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified