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

Mailing Address

6215 WILSON BLVD

JACKSONVILLE FL 32210

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000080030**1. Corporation Name

Principal Place of Business

6215 WILSON BLVD

US

JACKSONVILLE FL 32210

THE DANTZLER GROUP, INC.

					10/12/1995		)
2. Principa	al Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21	26				59-3366469	No	t Applicable
Suite, A	Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Carlifford of Status Desired	\$8.75	dditional
22	27				5. Certificate of Status Desired	Fee Re	quired
City & S	ity & State City & State			-	6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	·
24	25	29 30	ī -		Personal Property Tax.		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Regist	tered Agent	
J. Hanne and Address of Suffering Hogister 42 Agent				Name			
LEPRELL, SAMUEL L							
233 EAST BAY STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
STE 901, BLACKSTONE BLDG.			83				
JACKSONVILLE FL 32202							J
UNDONVILLE I E GEEDE			84	City		85 Zip C	Code
						FL ["]	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.					d when reinstating) DA	ATE	
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	DANTZLER, JOEL A		1.2 NAME				
STREET ADDRE	ente ottomotione pote		1.3 \$TREE1	ADDRESS			
CITY-ST-ZIP			1,4 CITY-S				İ
TITLE	CACIOCITYIEEE 1 E GEE 10	DELETE 2.1 TI		1-4211		Change	☐ Addition
NAME	İ		2.2 NAME				
			2.3 STREET	ADDRESS			, i
STREET ADDRE	iss.			]			j
CITY-ST-ZIP				T-ZIP		Change	Addition
TITLE		CT DECE 16	3.1 TITLE				
NAME			3.2 NAME				ì
STREET ADDRE	3.3.5		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>		F 4 1 00
TITLE	DELETE 4.1 T		4.1 TITLE	1		☐ Change	Addition
NAME	4.21		4.2 NAME				
STREET ADDRE	IDRESS 4.3 S		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY-S	r-ZiP			
TITLE	□ DELETE 5.1 T		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRE	SS		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		<del>-</del>	6.2 NAME			<u> </u>	
	iss of the second of the secon	•	6.3 STREET	ADDRESS			
STREET ADDRÉ	SSS The state of the state of		6.4 CITY-\$				
CITY-ST-ZIP	7 42				Section 119 07/3\(i) Florida Statutes I furth	er certify that the in	oformation
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 eddless, with all other like empowered.							

SIGNATURE:

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90009 005 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

CR2E034 (11/98)