2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076169 ARMSDALE ROAD DEVELOPMENT, INC. Mailing Address Principal Place of Business 9551 BAYMEADOWS RD BAYMEADOWS RD SUITE 4 ACKSONVILLE FL 32256 JACKSONVILLE FL 32256-7938 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Country

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if

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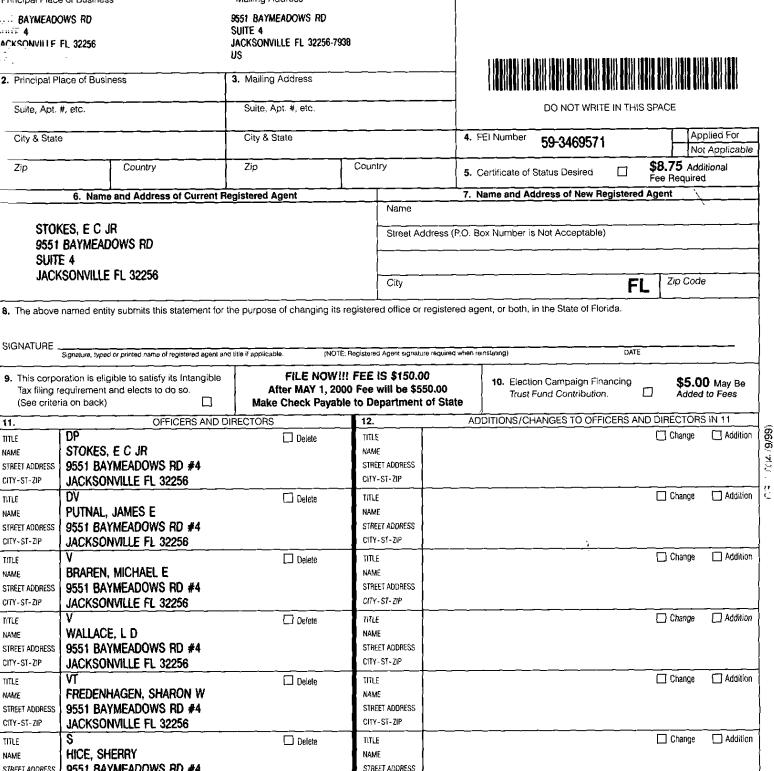
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FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90298 026 ***150.00



SIGNATURE:

City & State

STOKES, E C JR

SUITE 4

(See criteria on back)

9551 BAYMEADOWS RD

JACKSONVILLE FL 32256

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

STOKES, E C JR

putnal, James e

9551 BAYMEADOWS RD #4

9551 BAYMEADOWS RD #4

9551 BAYMEADOWS RD #4

9551 BAYMEADOWS RD #4

FREDENHAGEN, SHARON W

9551 BAYMEADOWS RD #4

9551 BAYMEADOWS RD #4

JACKSONVILLE FL 32256

BRAREN, MICHAEL E

WALLACE, L D

HICE, SHERRY

JACKSONVILLE FL 32256

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF FINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Sherry Hice, Secretary

3/17/00

904/739-2249

Daytime Phone #