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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000091697

Principal Place of Business

JACKSONVILLE BANCORP, INC,

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site   State   Status Desired   Fee Required   Fee Required   Fee Required   Fee Required   Status   St	21 1324S Suite, Apt. i 22 5 City & State 23 JACK Zip 24 3222	ATLANTIC BUD  #, etc.  SONY(UE, FL  Country  25  9. Name and Address of Current	26 13245 ATLAN Suite, Apt. #, etc. 27 5 City & State 28 JACKSONVILL Zip 29 32225 3	E PL	3 LWD	4. FEI Number 59-3472981  5. Certifcate of Status Desired □ 6. Election Campaign Financing	\$8.75 A Fee Rec	Applicable dditional
Suitable	21 1324S Suite, Apt. i 22 5 City & State 23 JACK Zip 24 3222	ATLANTIC BUD  #, etc.  SONY(UE, FL  Country  25  9. Name and Address of Current	26 13245 ATLAN Suite, Apt. #, etc. 27 5 City & State 28 JACKSONVILL Zip 29 32225 3	E PL	BUD	Certificate of Status Desired     6. Election Campaign Financing	<b>\$8.75</b> A Fee Red	dditional
SUITE. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   Size.   Siz	Suite, Apt. 1 22	#, etc.  SONU(UE, FL  Country  2.5 [25]  9. Name and Address of Current	Suite, Apt. #, etc.  27	E PL		Certificate of Status Desired     6. Election Campaign Financing	Fee Rec	
S   City & State   City & Country   Zip Country   R. This corporation owes the current year intendible   Personal Property Tax   Yes No   Yes N	22 5 City & State 23 JACK 2 Zip 24 3222 IGLE 1501	Country  25  25  9. Name and Address of Current	City & State  28 JACK SONVILL  Zip  29 32225 3	Country		6. Election Campaign Financing		quired
City & State  R his corporation owns the current year intangible personal Property Tax.  Personal Property Tax.  R his corporation owns the current year intangible personal Property Tax.  Personal Property Tax.  IGLER & DOUGHERTY, P.A.  1501 PARK AVENUE EAST  TALLAHASSEE FL 32301  Ba City  FL B5 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 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, 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, 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, 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, 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept t	City & State 23 JACK Zip 24 3222 IGLE 1501	Country 25 9. Name and Address of Current	City & State  28 JACK SONVILL  Zip  29 32225 3	Country			\$5.00	
ACC SOND LUCE   28   TACK SOND LUCE   28   TACK SOND SULP   Trust Fund Contribution   Added to Fees	Zip 24 3 2 2 2 IGLE 1501	Country 2.5 [25] 9. Name and Address of Current	Zip 29 32225 3	Country		1	Ψ3.00	May Be
Zip Country   Zip Country   Zip Country   Zip Country   State   State	Zip 24 3 2 2 2 IGLE 1501	Country 2.5 [25] 9. Name and Address of Current	Zip 29 32225 3	Country		Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent    State   Street Address   Street Address	IGLE 1501	9. Name and Address of Current		n		8. This corporation owes the current year I	ntangible	_
10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name and	IGLE 1501		Registered Agent	•				<b>≥</b> No
IGLER & DOUGHERTY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE FL 32301  82   Street Address (P.O. Box Number is Not Acceptable)  83    84   City   FL   85   Zip Code  85   Zip Code  86   City   FL   85   Zip Code  87   Parsuant 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 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, and accept the obligations of Section 807.0505, Florida Statutes.  85   Signature, typed or protect name of registered agent and title if supplicable.  86   City   FL   85   Zip Code  87   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   TITLE   TITL	1501	R & DOUGHERTY, P.A.				10. Name and Address of New Registere	d Agent	
1501 PARK AVENUE EAST TALLAHASSEE FL 32301  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   PDC   DELETE   1:1TITLE   DAME   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   PDC   DELETE   1:1TITLE   DAME   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   STD   DELETE   1:1TITLE   DAME   DATE    13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   STD   Change   Addition    14. City   FL   85   Zip Code    14. City   FL   85   Zip Code    15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   DAME   DATE    16. PDC   DELETE   1:1TITLE   DAME   DATE    17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   STD   Change   Addition    18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   STD   Change   Addition    19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   STD   Change   Addition    19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   D   DATE   DAME   DATE    19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES	1501	R & DOUGHERTY, P.A.		81	Name			
TALLAHASSEE FL 32301  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The expense of corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    1		· · · · · · · · · · · · · · · · · · ·	·			Address (P.O. Box Number is Not Acceptable)		_
### City   FL   85   Zip Code    11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. the above caregistered 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, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE   Signature, typed or printed name of registered agent and little # applicable.	IALL							_
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office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the epipolithic it as registered agent and itie if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PDC  GEORGE, VICTOR M  12 NAME  STREET ADDRESS  CITY-ST-ZIP  PONTE VEDRA BEACH FL 32082  14 CITY-ST-ZIP  TITLE  STD  MEASLER, DAVID C  2275 SPANISH MOSS DR  23 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32246  TITLE  D  GELETE  31 TITLE  CHERYL L. WHALE-  CHERYL ST. BACKSONVILLE FL 32.656  TITLE  D  DAVID GRAME  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  CHANGE  CHARGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CHARGE  CHARGE  CHARGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CHARGE  CHARGE								
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	office or re agent. I ar	egistered agent, or both, in the State of n familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	norized by la Statutes	the corpo	ration's position directors. Thereby accept the app	ointment as reg	jistered
ITILE PDC DELETE 1.1 TITLE  NAME GEORGE, VICTOR M  STREET ADDRESS  126 WILLOW POND LANE  CITY-ST-ZIP PONTE VEDRA BEACH FL 32082  TITLE STD MELETE 2.1 TITLE  NAME KEASLER, DAVID C  STREET ADDRESS  CITY-ST-ZIP JACKSONVILLE FL 32246  TITLE D D DELETE  NAME MILLS, R.C.  STREET ADDRESS  CITY-ST-ZIP PONTE VEDRA BEACH FL 32082  TITLE D D DELETE  STREET ADDRESS  CITY-ST-ZIP JACKSONVILLE FL 32246  TITLE D D DELETE  STREET ADDRESS  CITY-ST-ZIP PONTE VEDRA BEACH FL 32082  TITLE D MAME MILLS, R.C.  STREET ADDRESS  CITY-ST-ZIP PONTE VEDRA BEACH FL 32082  TITLE D MAME KYLE, WILLIAM L JR  STREET ADDRESS  43 STREET ADDRESS  41 TITLE D MAME MYLE, WILLIAM L JR  42 NAME GLUBERT J. PAMAR, TITL  49 STREET ADDRESS  49 ST PAMAR ADDRESS	O/O/W///O/W				nt signature re	quied witch temetating)		
NAME  NAME  GEORGE, VICTOR M  12 NAME  STREET ADDRESS  126 WILLOW POND LANE  CITY-ST-ZIP  PONTE VEDRA BEACH FL 32082  TITLE  STD  KEASLER, DAVID C  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32246  CHERYL L. WHALEI  CSTL BROOKLYAL BAY RD  LACITY-ST-ZIP  Addition  CSTREET ADDRESS  CITY-ST-ZIP  NAME  MILLS, R.C.  STREET ADDRESS  CITY-ST-ZIP  FONTE VEDRA BEACH FL 32082  MILLS, R.C.  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  KEYSTONE HTS., FL 32.656  Addition  Addition  Change Addition  Change Addition  Addition  CHERYL L. WHALEI  CSTL BROOKLYAL BAY RD  KEYSTONE HTS., FL 32.656  Change Addition  Change Addition  Change Addition  Addition  CHERYL L. WHALEI  CSTL BROOKLYAL BAY RD						ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082  TITLE STD STD STREET ADDRESS CITY-ST-ZIP  TITLE STD STREET ADDRESS CITY-ST-ZIP  X EASLER, DAVID C STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  AMME MILLS, R.C. STREET ADDRESS CITY-ST-ZIP  D DELETE ST CHERYL L. WHALEN CHERYL CHERYL L. WHALEN CHERYL CHERYL L. WHALEN CHERYL	TITLE		DELETE				□ Change	☐ Addition
CITY-ST-ZIP  PONTE VEDRA BEACH FL 32082  1.4 CITY-ST-ZIP  STD  STD  STD  STD  STD  STD  STD  ST	NAME							
TITLE STD MADE KEASLER, DAVID C  STREET ADDRESS CITY-ST-ZIP  NAME MILLS, R.C.  STREET ADDRESS CITY-ST-ZIP  TITLE  D  MADE  STREET ADDRESS CITY-ST-ZIP  TITLE  D  MADE  KYLE, WILLIAM L JR  STREET ADDRESS 4637 WADHAM LANE  MADE	STREET ADDRESS				į			
NAME NAME  N	CITY-ST-ZIP				T- ZIP		Change	N Addition
STREET ADDRESS CITY-ST-ZIP  JACKSONVILLE FL 32246  TITLE  D  MILLS, R.C.  STREET ADDRESS CITY-ST-ZIP  MILLS, R.C.  STREET ADDRESS CITY-ST-ZIP  D  MILLS, R.C.  STREET ADDRESS CITY-ST-ZIP  FONTE VEDRA BEACH FL 32082  TITLE  D  KYLE, WILLIAM L JR STREET ADDRESS STREET ADDRESS GIV-ST-ZIP  GILBERT J. PAMAR, TITE STREET ADDRESS 43 STREET ADDRESS 44 STREET ADDRESS 45 IL BROOKLYAL BAY ED  Change Addition  Addition  Addition  ADDRESS 45 IL BROOKLYAL BAY ED  Change Addition  Addition  ADDRESS 45 IL BROOKLYAL BAY ED  Change Addition  Addition  ADDRESS 45 IL BROOKLYAL BAY ED  Change Addition  Addition  ADDRESS 45 IL BROOKLYAL BAY ED  Change Addition	TITLE		<b>™</b> DELETE	•	ļ	•	☐ Criange	Z Addition
CITY-ST-ZIP  JACKSONVILLE FL 32246  DELETE  JACKSONVILLE FL 32246  Change  Addition  Change  Addition  Addition  Addition  Addition  TITLE  D  KYLE, WILLIAM L JR  STREET ADDRESS  43 STREET ADDRESS  43 STREET ADDRESS  43 STREET ADDRESS  43 STREET ADDRESS  49 ST OFTEGA BLVD	NAME							
TITLE	STREET ADDRESS			2.3 STREET	TADORESS			
MILLS, R.C.  STREET ADDRESS  CITY-ST-ZIP  D  MONTE VEDRA BEACH FL 32082  TITLE  D  MONTE VEDRA BEACH FL 32082  TITLE  D  MONTE VEDRA BEACH FL 32082  MODELETE  4.1 TITLE  D  KYLE, WILLIAM L JR  STREET ADDRESS  4.3 STREET ADDRESS  4.4 STREET ADDRESS  4.4 STREET ADDRESS  4.4 STREET ADDRESS  4.5 STREET ADDRES					T-ZIP	KEYSTONE HTS., FL 32656	[] Chonge	☐ Addition
STREET ADDRESS CITY-ST-ZIP  PONTE VEDRA BEACH FL 32082  TITLE  D  KYLE, WILLIAM L JR  STREET ADDRESS  4637 WADHAM LANE  33 STREET ADDRESS  34. CITY-ST-ZIP  4.1 TITLE  D  CLUBERT J. PAMAR, TITL  43 STREET ADDRESS  4957 ORTEGA BLVD	TITLE	_	L.I DELETE				□ cuands	
CITY-ST-ZIP  PONTE VEDRA BEACH FL 32082  34. CITY-ST-ZIP  JACHTY-ST-ZIP  A1 TITLE  D  KYLE, WILLIAM L JR  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  4.3 TREET ADDRESS  4.3 TREET ADDRESS  4.3 TREET ADDRESS  4.4 STREET ADDRESS  4.4 STREET ADDRESS  4.5 TREET ADDRESS	NAME	•						
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NAME KYLE, WILLIAM L JR STREET ADDRESS 4637 WADHAM LANE  4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4957 ORTIEGA BLVD				-			Change	■ Addition
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14.01/0.04 B H L E EL 0.04 A	STREET ADDRESS							
Others Addition			□ priete	_	T-ZIP	DACKSONVILLE, FL 32210	Change	Addition
THE CONTRACTOR OF THE CONTRACT		JACKSONVILLE FL 32210	L] DELETE				□ onango	
NAME SCHOLIZ, JOHN H		D						
STREET ADDRESS 1823 SEMINOLE RD 5.3 STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS	D SCHULTZ, JOHN R			TANDPESS			

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**⊠** DELETE

GIBBS, DONNA L

3518 HILLARD ROAD

JACKSONVILLE FL 32217

TITLE

NAME

STREET ADDRESS

Church R. Walen CHERYL L. W. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL L. WHALEN, CFO

PRICE W SCHWENCK

JACKSONVILLE, FL 32125

63 STREET ADDRESS 13245 ATLANTIC BLVD SUITE 5

Change

Addition