


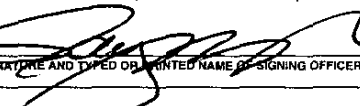
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90001 045 ***150.00

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|---|---------------------------|--|---|--|--|
| DOCUMENT # P99000103720 | | | |  | |
| 1. Entity Name FRP DEVELOPMENT CORP. | | | | | |
| Principal Place of Business 34 LOVETON CIRCLE STE 100 SPARKS, MD 21152 | | | Mailing Address 34 LOVETON CIRCLE STE 100 SPARKS, MD 21152 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 07072004 Chg-P CR2E034 (10/03) | |
| Zip | | Country | | 4. FEI Number 58-1794556 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE, FL 32206 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVILLIERS, DAVID H | | NAME | | |
| STREET ADDRESS | 34 LOVETON CIRCLE STE 100 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPARKS, MD 21152 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | VP and Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDINGHAM, RAY VAN | | NAME | Ray VanLandingham | |
| STREET ADDRESS | 1801 ART MUSEUM DRIVE | | STREET ADDRESS | 1801 Art Museum Drive | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | DCEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, JOHN E | | NAME | | |
| STREET ADDRESS | 1801 ART MUSEUM DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| TITLE | VTCA | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAYBURN, GEORGE THOMAS | | NAME | | |
| STREET ADDRESS | 34 LOVETON CIR STE 100 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPARKS GLENCOE, MD 21152 | | CITY-ST-ZIP | | |
| TITLE | TAS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAYBURN, GEORGE THOMAS | | NAME | | |
| STREET ADDRESS | 34 LOVETON CIRCLE STE 100 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPARKS, MD 21152 | | CITY-ST-ZIP | | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRICK, DENNIS D | | NAME | | |
| STREET ADDRESS | 155 EAST 21ST STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32206 | | CITY-ST-ZIP | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Date: 7/8/04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone #: 904-396-5733 | | |
| | | | # 3100 | | |