

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V60195** (7)

1. Corporation Name
PEMBROKE BUILDING ASSOCIATES, INC.



Principal Place of Business: **3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207**
Mailing Address: **3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **08/24/1992**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: Suite, Apt. #, etc.

4. FFI Number: **59-3139850**
Applied For: Not Applicable:

22. City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip Country

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMETREE, J.C. JR
3740 BEACH BLVD
SUITE 300
JACKSONVILLE FL 32207**

81 Name
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 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 filer of application. (NOTE: Registered Agent signature required when reappointing.) DATE:

12. OFFICERS AND DIRECTORS

TITLE	CEO <input type="checkbox"/> DELETE
NAME	DEMETREE, JACK C
STREET ADDRESS	3740 BEACH BLVD - STE 300
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	DEMETREE, MARK C
STREET ADDRESS	3740 BEACH BLVD STE 300
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	MICKLER, ROBERT O
STREET ADDRESS	3000 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEMETREE, CHRISTOPHER C
STREET ADDRESS	3740 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	DEMETREE, J.C. JR
STREET ADDRESS	3740 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *J. C. Demetree, Jr.* **J. C. Demetree, Jr.** 2-28-96 904/398-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)