

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J43500 (4)**
1. Corporation Name
EAST PARK, INC.



Principal Place of Business: **3300 PHILLIPS HIGHWAY POST OFFICE BOX 5369 JACKSONVILLE FL 32207**
Mailing Address: **3300 PHILLIPS HIGHWAY POST OFFICE BOX 5369 JACKSONVILLE FL 32207**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1986	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 59-2746517	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGEHEE, THOMAS R. 3300 PHILLIPS HWY JACKSONVILLE FL 32207				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

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 _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, THOMAS R. JR.		1.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, F. SUTTON JR.		2.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				
TITLE	PCD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, THOMAS R.		3.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, DAVID S.		4.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP				
TITLE	TAS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TAS			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPREE, J. W., JR.		5.2 NAME	Jonathan Y. Rogers			
STREET ADDRESS	3300 PHILLIPS HWY		5.3 STREET ADDRESS	3300 Phillips Hwy			
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL. 32207			
TITLE	ASD	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEHEE, FRANK S.		6.2 NAME				
STREET ADDRESS	3300 PHILLIPS HWY		6.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		6.4 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: *Sutton McGehee* 4/25/96 (904) 348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)