

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J43500 (4)**  
 1. Corporation Name  
**EAST PARK, INC.**



Principal Place of Business <b>3300 PHILLIPS HIGHWAY                  POST OFFICE BOX 5369                  JACKSONVILLE FL 32207</b>	Mailing Address <b>3300 PHILLIPS HIGHWAY                  POST OFFICE BOX 5369                  JACKSONVILLE FL 32207-4312</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>11/21/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>59-2746517</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCGEEHEE, THOMAS R.                  3300 PHILLIPS HWY                  JACKSONVILLE FL 32207</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VS</b>	NAME <b>MCGEEHEE, THOMAS R. JR.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3300 PHILLIPS HWY</b>	CITY- ST- ZIP <b>JACKSONVILLE FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY- ST- ZIP	
TITLE <b>V</b>	NAME <b>MCGEEHEE, F. SUTTON JR.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3300 PHILLIPS HWY</b>	CITY- ST- ZIP <b>JACKSONVILLE FL</b>	2.2 NAME <b>Sutton McGehee</b>	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
TITLE <b>PCD</b>	NAME <b>MCGEEHEE, THOMAS R.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3300 PHILLIPS HWY</b>	CITY- ST- ZIP <b>JACKSONVILLE FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE <b>VP</b>	NAME <b>MCGEEHEE, DAVID S.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3300 PHILLIPS HWY</b>	CITY- ST- ZIP <b>JACKSONVILLE FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE <b>TAS</b>	NAME <b>ROGERS, JOHNATHON Y.</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3300 PHILLIPS HWY</b>	CITY- ST- ZIP <b>JACKSONVILLE FL</b>	5.2 NAME <b>Jonathan Y. Rogers</b>	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE <b>ASD</b>	NAME <b>MC GEEHEE, FRANK S.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3300 PHILLIPS HWY</b>	CITY- ST- ZIP <b>JACKSONVILLE FL</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: Sutton McGehee DATE: 4/23/97 (904) 348-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sutton McGehee, Vice President

CR2E034 (9/96)