

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # 852764

(0)

1. Corporation Name

C. B. PROPERTIES, INC. OF JACKSONVILLE

Principal Place of Business

300 TECHNOLOGY COURT  
SMYRNA GA 30082

Mailing Address

300 TECHNOLOGY COURT  
SMYRNA GA 30082-5235

3. Date Incorporated or Qualified  
05/03/1982

3a. Date of Last Report  
04/26/1996

4. FEI Number

63-0583878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 PD  
NAME LENKER, MAX V.  
STREET ADDRESS 300 TECHNOLOGY CT.  
CITY- ST- ZIP SMYRNA GA

☐ DELETE

1.1 TITLE D  
1.2 NAME BOLCH, CARL III  
1.3 STREET ADDRESS 300 TECHNOLOGY CT  
1.4 CITY- ST- ZIP SMYRNA GA 30082

☐ Change ☒ Addition

TITLE CED  
NAME BOLCH, CARL, JR  
STREET ADDRESS 300 TECHNOLOGY CT.  
CITY- ST- ZIP SMYRNA GA

☐ DELETE

2.1 TITLE D  
2.2 NAME MURAW, ALLISON BOLCH  
2.3 STREET ADDRESS 300 TECHNOLOGY CT  
2.4 CITY- ST- ZIP SMYRNA GA 30082

☐ Change ☒ Addition

TITLE SD  
NAME BOLCH, SUSAN BASS  
STREET ADDRESS 300 TECHNOLOGY CT.  
CITY- ST- ZIP SMYRNA GA

☐ DELETE

3.1 TITLE VIAS  
3.2 NAME LANDAU, HARRIET  
3.3 STREET ADDRESS 300 TECHNOLOGY CT  
3.4 CITY- ST- ZIP SMYRNA GA 30082

☐ Change ☒ Addition

TITLE T  
NAME DUMBACHER, ROBERT J.  
STREET ADDRESS 300 TECHNOLOGY CT.  
CITY- ST- ZIP SMYRNA GA

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011420

CR2E034 (9/96)