

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714162 (5)

1. Corporation Name
URBAN JACKSONVILLE, INC.

Principal Place of Business 256 EAST CHURCH ST. JACKSONVILLE FL 32202	Mailing Address 256 EAST CHURCH ST. JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified
02/26/1968

4. FEI Number 23-7024899	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HOLSHOUSER, ERIC J.
2065 HERSCHEL STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEFTON, JOHN T	1.2 NAME	
STREET ADDRESS	200 LAURA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTSEK, GUSTAVE J JR	2.2 NAME	
STREET ADDRESS	256 EAST CHURCH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, GLENN	3.2 NAME	
STREET ADDRESS	4000 ST JOHN'S AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Vincent	4.2 NAME	
STREET ADDRESS	4902 Arrowsmith Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32208	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gustave J. Weltsek Jr.* 2/3/98 (904) 798-5339

CR2E037 (10/97)