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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852764 (0)

1. Corporation Name

C. B. PROPERTIES, INC. OF JACKSONVILLE

Principal Place of Business

Mailing Address

300 TECHNOLOGY COURT
SMYRNA GA 30082

300 TECHNOLOGY COURT
SMYRNA GA 30082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1982

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

1.1 TITLE P/AS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE CE/D/AS
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

TITLE D
NAME BOLCH, CARL III
STREET ADDRESS 300 TECHNOLOGY CT
CITY-ST-ZIP SMYRNA GA

5.1 TITLE
5.2 NAME Carl Bolch, III
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MORAN, ALLISON BOLCH
STREET ADDRESS 300 TECHNOLOGY CT
CITY-ST-ZIP SMYRNA GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Robert J. Dumbacher 4/13/98 770 431 7600 x1189

CR2E034 (10/97)