

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90025 010 ***150.00

DOCUMENT # 852764

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

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 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

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	LENKER, MAX V.	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-ST-ZIP	SMYRNA GA	
TITLE	CEDS	<input type="checkbox"/> DELETE
NAME	BOLCH, CARL, JR	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-ST-ZIP	SMYRNA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOLCH, SUSAN BASS.	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-ST-ZIP	SMYRNA GA	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	DUMBACHER, ROBERT J.	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-ST-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLCH, CARL I	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, ALLISON BOLCH	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOLCH, CARL III
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99

770-431-7600

CR2E034 (11/98)