

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 131831

1. Entity Name
JACKSONVILLE BASEBALL EXHIBITION COMPANY



Principal Place of Business
**3837 HARBOR DR.
JACKSONVILLE, FL 32207**

Mailing Address
**P.O. BOX 10024
JACKSONVILLE, FL 32247 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0306107

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYD, JAMES R. III
3837 HARBOR DR.
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE:

Signature, typed or printout name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE:

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: DS
NAME: BOYD, BENITA S
STREET ADDRESS: 3837 HARBOR DR.
CITY-ST-ZIP: JACKSONVILLE, FL 32207

TITLE: D
NAME: QUINN, KATHRYN B
STREET ADDRESS: 3964 SAN JOSE BLVD.
CITY-ST-ZIP: JACKSONVILLE, FL 32207

TITLE: D
NAME: BOYD, ALYCE B
STREET ADDRESS: 1609 N.W. 19TH CIRCLE
CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE: DP
NAME: BOYD, JAMES R III
STREET ADDRESS: 3837 HARBOR DR.
CITY-ST-ZIP: JACKSONVILLE, FL 32207

TITLE: D
NAME: BOYD, IDA B
STREET ADDRESS: 6000 3A SAN JOSE BLVD
CITY-ST-ZIP: JACKSONVILLE, FL

TITLE: D
NAME: BOWER, JEAN H
STREET ADDRESS: 2409 CHADFORD WAY
CITY-ST-ZIP: LOUISVILLE, KY 40222

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01/14/08-80019-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Boyd III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-08 904 398-0963