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FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90058 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 134054

1. Corporation Name

STATE INVESTMENT COMPANY

Principal Place of Business  
P.O. BOX 23627  
JACKSONVILLE FL 32241-3627  
US

Mailing Address  
P.O. BOX 23627  
JACKSONVILLE FL 32241-3627  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1937

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-0975800

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, DAVID M  
1300 RIVERPLACE BLVD  
JACKSONVILLE FL 32207

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 D  
NAME SMITH, P JEREMY JR  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

DELETE

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

Change Addition

TITLE PD  
NAME LUKE, JOSEPH C  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME FOSTER, DAVID  
STREET ADDRESS 1300 RIVERPLACE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

DELETE

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

Change Addition

TITLE TAS  
NAME GLAVIN, THOMAS M.  
STREET ADDRESS 9540 SAN JOSE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

DELETE

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

Change Addition

TITLE VD  
NAME WILSON, KENNETH P.  
STREET ADDRESS 9540 SAN JOSE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

DELETE

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

Change Addition

TITLE VS  
NAME LUEDERS, JACK C. JR.  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

DELETE

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

Change Addition

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)