

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90024 037 ***150.00

DOCUMENT # 134054

1. Entity Name

STATE INVESTMENT COMPANY

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0975800**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

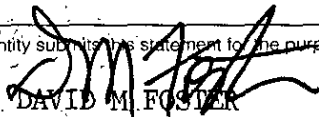
7. Name and Address of New Registered Agent

FOSTER, DAVID M
1300 RIVERPLACE BLVD
JACKSONVILLE FL 32207

Name **FOSTER, DAVID M.**
 Street Address (P.O. Box Number is Not Acceptable)
9540 SAN JOSE BLVD

City **JACKSONVILLE** **FL** Zip Code **32257**

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.

SIGNATURE  **DAVID M. FOSTER**

03/08/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, P JEREMY JR	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUKE, JOSEPH C	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, DAVID	
STREET ADDRESS	1300 RIVERPLACE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	GLAVIN, THOMAS M.	
STREET ADDRESS	9540 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, KENNETH P.	
STREET ADDRESS	9540 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LUEDERS, JACK C. JR.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JACK C. LUEDERS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/00 (904)448-2910
 Date Daytime Phone #

CR2E034 (9/99)