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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **142613** **(9)**

1. Corporation Name
NORTH SIDE HOMES INC

Principal Place of Business	Mailing Address
3600 RICHMOND ST. JACKSONVILLE FL 32205	3600 RICHMOND ST. JACKSONVILLE FL 32205-9424

3. Date Incorporated or Qualified: **12/15/1943**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip | 24 | Country | 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip | 29 | Country | 30 |

4. FEI Number: **59-0523422** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MASON, W.M. JR.
3600 RICHMOND ST.
JACKSONVILLE FL 32205

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 Section 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD	☐ DELETE	1.1 TITLE: Pres Flo Hope L. Mason	☐ Change ☒ Addition
1.2 NAME	MASON, W.M. JR.		1.2 NAME	
1.3 STREET ADDRESS	3600 RICHMOND ST.		1.3 STREET ADDRESS: 3600 Richmond St.	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP: Jacksonville, Fla. 32205	
2.1 TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	MASON, J. DEMERE		2.2 NAME	
2.3 STREET ADDRESS	3600 RICHMOND ST.		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32205		2.4 CITY-ST-ZIP	
3.1 TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	MASON, W.M. III		3.2 NAME	
3.3 STREET ADDRESS	3600 RICHMOND ST.		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
4.1 TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME			4.2 NAME	
4.3 STREET ADDRESS			4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP	
5.1 TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME			5.2 NAME	
5.3 STREET ADDRESS			5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP	
6.1 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME			6.2 NAME	
6.3 STREET ADDRESS			6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Wm Mason MAR 19 1997 904/384-4626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #