

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90008 031 \*\*\*550.00

**DOCUMENT # 216909**

1. Corporation Name

**FLORIDA SUB ONE, INC.**

Principal Place of Business

P O BOX 6835  
825 N LANE AVE.  
JACKSONVILLE FL 32205

Mailing Address

1300 NW MECASLIN ST  
ATLANTA GA 30318  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1958**

4. FEI Number

**59-0862649**

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. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

**1300 MECASLIN ST. N.W.**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD,  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WEBB, JESSE J**

STREET ADDRESS **1300 MECASLIN STREET, NW**

CITY-ST-ZIP **ATLANTA GA 30318**

TITLE **VPT** ☒ DELETE

NAME **THURSTON, KENNETH P**

STREET ADDRESS **1300 MECASLIN STREET, NW**

CITY-ST-ZIP **ATLANTA GA**

TITLE **S** ☒ DELETE

NAME **GIBSON, GERALD C**

STREET ADDRESS **1300 MECASLIN STREET NW**

CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VST**

**MYNARD, CHARLES W.**

**1300 MECASLIN ST. N.W.**

**ATLANTA, GA 30318**

**D**

**IVANIER, PAUL**

**770 RUE SHERBROOKE QST**

**MONTREAL, QUEBEC CANADA H3A 1G1**

**D**

**HERLING, MICHAEL**

**770 RUE SHERBROOKE QST**

**MONTREAL, QUEBEC CANADA H3A 1G1**

**D**

**RILEY, WILLIAM O.**

**1300 MECASLIN ST. N.W.**

**ATLANTA, GA 30318**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: **Charles W. Mynard** **RECHARLES W. MYNARD**

**704-897-4866**

CR2E034 (5/99)