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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 257338

STREET ADDRESS

CITY-ST-ZIP

RALPH J. MACAULEY INC.

Principal Place	e of Business	Mailing Ad	ddress				1 100110 11001 DIVIN 40000 XII	an ilini i a i? Dibii	0/ 1 1/3 10/01/1 3 /	841 018 14 01841 1881
2700-C UNIVER		-	IIVERSITY BLVD. W	N.						
P O BOX 10181		P O BOX	P O BOX 10181				DO NOT MIDITE IN THE OBAGE			
JACKSONVILLE	FL 32241	JACKSONV	VILLE FL 32241	41			DO NOT WRITE IN THIS SPACE			
	•						 Date Incorporated or Quality 12/06/1971 	rea		
2. Principal P	Place of Business	· 2a. Mailing	g Address				4. FEI Number			Applied For
21		26	-			1	59-0973364			Not Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5. Certifcate of Status Desired	ı 🗆	\$8.7	5 Additional
22		27							Fee	Required
City & Stat	le	City &	State			.	6. Election Campaign Financi	ng	•	May Be
23		28					Trust Fund Contribution			ed to Fees
Zip	Country	Zip	г	Country			8. This corporation owes the o	current year In		
24	25	[29]		30			Personal Property Tax.	··· Desistered	Yes	□No
	9. Name and Address of Curr	ent Registerea A	gent	81	Name		0. Name and Address of Ne	w Kegisteleu	Ageni	
MAC	CAULEY, RALPH J			["		EEN C	. MACAULEY			
	D-C UNIVERSITY BLVD. W.			82	Street A	Address	(P.O. Box Number is Not Acco	eptable)		
	KSONVILLE FL 32241			83	2/00	0-C U	niversity Blvd.,	W		
VI 101	MOUNTILLE I L VILLI			63						
				84	City	ksonv	4110	FL	85 Z	ip Code 32207
44		500 1007 4505			Jack	CSUIIV.	1115		changing	its registered
	to the provisions of Sections 607.0.	502 and 607.1508	3. Florida Statutes	s. the above	nameu (corporati	on submits this statement for			
office or	to the provisions of Sections 607.0 egistered agent, op both, in the Sta	te of Florida. Such	3, Florida Statutes 1 change was aut	thorized by	the corpo	oration's	board of directors. I hereby ac	cept the appo	intment as	registered
office or agent.	egistered agent, on both, iff the Standamiliar with, and accept the obli	te of Florida. Such dations of Section	n charge was aut n 207.0505. Florid	thorized by da Statutes.	the corpo	oration's	on submits this statement for board of directors. I hereby ac	3-27-99	ntment as	registered
office or agent. La	egistered agent of both, if the Standard accept the obline	gations of, Section	n change was aut n 207.0505, Florid EILEEN	thorized by da Statutes.	ine corpo ACAUL	cration's LEY	poard of directors. I hereby ac	серт те арро	intment as	registered
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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 changes of one of attachment with an address, with all other like empowered. 904-730-0600

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #