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

04-22-1999 90058 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 379742

1. Corporation Name

PV RETAIL PROPERTIES, INC.

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1971

4. FEI Number

59-1346441

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 PD ☐ DELETE  
NAME WILSON, KENNETH P.  
STREET ADDRESS 9540 STATE ROAD 13  
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

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

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

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

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

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

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

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

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

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

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

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 #

4-20-99 (904) 448-3033

CR2E034 (11/98)