

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90089 018 ***150.00

DOCUMENT # 406386

1. Corporation Name

JACKSONVILLE WAREHOUSE CO.

Principal Place of Business

5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE FL 32236

Mailing Address

5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1972

4. FEI Number

59-1412644

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

SHEPHERD, FOSTER H
4928 ORTEGA FOREST DR.
JACKSONVILLE FL 32210

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

TITLE PCEO ☐ DELETE
NAME SHEPHERD, FOSTER H.
STREET ADDRESS 4928 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ST ☐ DELETE
NAME MILLER, CHARLES
STREET ADDRESS 216 HERMITAGE WAY
CITY-ST-ZIP ST. SIMONS ISLAND GA 31522

TITLE D ☐ DELETE
NAME ZELL, CARLEY
STREET ADDRESS 427 W. WESLEY AVE.
CITY-ST-ZIP SEA ISLAND GA 31561

TITLE V ☐ DELETE
NAME HIGHTOWER, WILL
STREET ADDRESS 5440 W 5TH ST
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE O ☐ DELETE
NAME SHEPHERD, JOHN
STREET ADDRESS 5778 FT SUMPTER RD
CITY-ST-ZIP JAX FL

TITLE V ☐ DELETE
NAME TAYLOR, NORRIS E
STREET ADDRESS 1404 RIVERGATE DR
CITY-ST-ZIP JAX FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

306 WYMBERLY ROAD

O
STAR ROUTE 3 BOX 1463A
SATUMA FL 32189

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 904780 0871

CR2E034 (11/98)