

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
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90002 009 ***550.00

DOCUMENT # 499955

Corporation Name

FLAGSHIP PROPERTY MANAGEMENT, INC.



Principal Place of Business

100 ST JOHNS AVE #22
JACKSONVILLE FL 32205

Mailing Address

4000 ST JOHNS AVE #22
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1976

4. FEI Number

59-1672184

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

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

31

City & State

32

City & State

33

City & State

34

City & State

35

City & State

36

City & State

37

City & State

38

City & State

39

City & State

40

City & State

41

City & State

42

City & State

43

City & State

44

City & State

45

City & State

46

City & State

47

City & State

48

City & State

49

City & State

50

City & State

51

City & State

52

City & State

53

City & State

54

City & State

55

City & State

56

City & State

57

City & State

58

City & State

59

City & State

60

City & State

61

City & State

62

City & State

63

City & State

64

City & State

65

City & State

66

City & State

67

City & State

68

City & State

69

City & State

70

City & State

71

City & State

72

City & State

73

City & State

74

City & State

75

City & State

76

City & State

77

City & State

78

City & State

79

City & State

80

City & State

81

City & State

82

City & State

83

City & State

84

City & State

85

City & State

86

City & State

87

City & State

88

City & State

89

City & State

90

City & State

91

City & State

92

City & State

93

City & State

94

City & State

95

City & State

96

City & State

97

City & State

98

City & State

99

City & State

100

City & State

9. Name and Address of Current Registered Agent

CRAVEY, JERRY R.
4000 ST JOHNS AVE #22
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 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 ☐ DELETE

NAME VTD
WALTON, W H JR (ASST)
STREET ADDRESS 4000 ST JOHNS AVE 26
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME VD
LENTZ, ANN
STREET ADDRESS 4000 ST JOHNS AVE #22
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME VSD
WEED, J.D.,JR.
STREET ADDRESS 4000 ST JOHNS AVE #26
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME PD
CRAVEY, JERRY R.
STREET ADDRESS 4000 ST JOHNS AVE #22
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/99

Date

904-388-2225

Daytime Phone #

CR2E034 (1/98)