

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

DOCUMENT # 551487

1. Corporation Name

WERNER REALTY CORP.

Principal Place of Business

5501 3 BCH BLVD
SUITE 7
JACKSONVILLE FL 32207
US

Mailing Address

5501 3 BCH BLVD
SUITE 7
JAX FL 32207
US

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90044 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1977

4. FEI Number

59-1830726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 1835-A North Third St.

2a. Mailing Address

26 PO Box 551616

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A

27

City & State

23 Jacksonville Beach, FL

City & State

28 Jacksonville, FL

Zip

24 32250

Country

25 USA

Zip

29 32255-1616

Country

30 USA

9. Name and Address of Current Registered Agent

WERNER, MARK A. - SAME
5501 3 BCH BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1819 South Ocean Drive

83

1835-A North Third Street

84

City Jacksonville Beach

FL

85 Zip Code 32250

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WERNER, MARK A.
STREET ADDRESS 1819 SOUTH OCEAN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

☐ DELETE

TITLE ST
NAME WERNER, MARK A.
STREET ADDRESS 1819 S. OCEAN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

904-249-8443
Daytime Phone #

CR2E034 (1/98)