

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 660577 (8)

1. Corporation Name

WOODMERE PROPERTIES, INC.



Principal Place of Business

Mailing Address

7800 BELFORT PKY. #100  
PO BOX 19030  
JACKSONVILLE FL 32247-7529  
US

7800 BELFORT PKY. #100  
PO BOX 19030  
JACKSONVILLE FL 32247-7529  
US

3. Date Incorporated or Qualified  
03/25/1980

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

59-2104707

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER  
ONE INDEPENDENT DR  
SUITE 2000  
32202

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 2nd if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SALEM, EDWARD B  
STREET ADDRESS 7800 BELFORT PKY, #100  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE D ☐ DELETE

NAME WILSON, J STEVEN  
STREET ADDRESS 7800 BELFORT PKY, #100  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE AS ☐ DELETE

NAME KIRSCHNER, KENNETH M.  
STREET ADDRESS ONE INDEPENDENT DR SUITE 2000  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE V ☒ DELETE

NAME GILSTRAP, SUZANNE T.  
STREET ADDRESS 7800 BELFORT PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE T ☒ DELETE

NAME BAJALIA, GEORGE A.  
STREET ADDRESS 7800 BELFORT PARKWAY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

900001810399  
-05/07/96--01018--032  
\*\*\*200.00

S-1-96  
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 at the time of the filing of this report 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, unchanged, or on an attachment with an address.

SIGNATURE:

Edward B. Salem, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

904/281-2200

Daytime Phone

CR2E034 (12/95)