

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 048 ***150.00

DOCUMENT # 670575

1. Corporation Name
SPORRAN, INC.

Principal Place of Business

1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE FL 32207
US

Mailing Address

1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1980

4. FEI Number

59-2018234

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 1050 RIVERSIDE AV

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32204

Country

25 USA

2a. Mailing Address

26 PO Box 4550

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32201

Country

30 USA

9. Name and Address of Current Registered Agent

TAYLOR, JAMES S.
1600 ATLANTIC BANK BLDG.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

JAMES S TAYLOR

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

1050 RIVERSIDE AV

83

84 City

JACKSONVILLE

FL

85 Zip Code

32204

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

James S Taylor

JAMES S TAYLOR

DATE

1-15-99

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TAYLOR, JAMES S
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1500
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

JAMES S TAYLOR

1.3 STREET ADDRESS

1050 RIVERSIDE AV

1.4 CITY-ST-ZIP

JACKSONVILLE, FL 32204

☒ Change

☐ Addition

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:

James S Taylor JAMES S. TAYLOR

Date

1-15-99

Daytime Phone #

9043551235

CR2E034 (11/98)