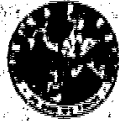


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 26 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 695071 (1)
1. Corporation Name
INDEPENDENT REAL ESTATE MANAGEMENT CORPORATION

Principal Place of Business
**ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276**

Mailing Address
**ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/08/1981

3a. Date of Last Report
04/22/1994

4. FEI Number
59-2110125

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. 190.072,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MARVIN, GUY
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST FOSHEE, PATE	1.1 TITLE	☐ Change ☐ Addition
NAME	ONE INDEPENDENT DR	1.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	P WEST, RICHARD	2.1 TITLE	☐ Change ☐ Addition
NAME	ONE INDEPENDENT DR	2.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D LYON, BOYD E.	3.1 TITLE	☐ Change ☐ Addition
NAME	ONE INDEPENDENT DR	3.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D BRYAN, JACOB F., IV	4.1 TITLE	☐ Change ☐ Addition
NAME	ONE INDEPENDENT DR	4.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 0	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 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.

SIGNATURE: *Richard West*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard West, President

4/18/95 **90-358-5362**