

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 # 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARVIN, GUY
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

3. Date Incorporated or Qualified

07/08/1981

3a. Date of Last Report

04/26/1995

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. 199.032,
Florida Statutes

☒ Yes

☐ No

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 date if applicable

(4115) Registered Agent Signature (required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FOSHEE, PATE	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEST, RICHARD	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYON, BOYD E.	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, JACOB F., IV	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D'Agostino, James S., Jr.	
1.3 STREET ADDRESS	American General Center	
1.4 CITY-ST-ZIP	Nashville, TN 37250	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kelley, Joe	
2.3 STREET ADDRESS	One Independent Drive	
2.4 CITY-ST-ZIP	Jacksonville, FL 32276	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barrett, Kent E.	
3.3 STREET ADDRESS	American General Center	
3.4 CITY-ST-ZIP	Nashville, TN 37250	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/16/96 (615)749-1756

CR2E034 (12/95)