NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State
02-20-1999 90091 038 \*\*\*\*61.25

**FILED** 

1999

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1. Corporation Name

JACKSONVILLE SHELL CLUB, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.									
SUITE 50 JACKSONVILE FL 322M US  Z. Principal Place of Business  Z. Maing Address  J. Maing Controllation  J. Maing Cont	Principal Place	of Business	Mailing Address						
Sulfa, Apt. #, etc.    Sulfa, Apt. #, etc.	SUITE 500 JACKSONVILLE FL 32204		SUITE 500 JACKSONVILLE FL 32204						
Sulfa, Apt. #, etc.    Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.   City & State   City & State   Sulfa, Apt. #, etc.   City & State   Sulfa, Apt. #, etc.   Sulfa, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
27   City & State   City & Country   Zip	21		26	26					
City & State    City & State	<u> </u>		Suite, Apt. #, etc.				<del></del>		
28   Country   Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Fee Required   Fee Required   Zip   Zi	22		27			59-1785008		<del></del>	
Zip   Country   Zip   Country   St.   Countr	City & State	е	<del></del>			5. Certifcate of Status Desired			1
3. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name    Second		Country	Zip	Country	'	6. Election Campaign Financing	П		
LEE, HARRY G 1801 BARRS ST SUITE 500  JACKSONVILLE FL 32204  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its 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, and accept the appointment as accept the appointment as accept the appointment as accept the appoint	24	25	29 30	30					to Fees
LEE, HARRY G 1801 BARRS ST SUITE 500  JACKSONVILLE FL 32204  18		<ol><li>Name and Address of Current</li></ol>	Registered Agent	<del>    -</del>	T	10. Name and Address of New R	egistered /	Agent	
1801 BARRS ST SUITE 500 JACKSONVILLE FL 32204  184 City  185 Zip Code  186 City  188 C				81	Name				
SUITE 500  JACKSONVILLE FL 32204  T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approase of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  DO	•			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
### City ### City ### City ### City ### Addition of the purpose of changing its registered office or registered agent, or both, in the State of Roorida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and except the obligations of, Section 617.0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and registered agent, and submits authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and regist				83					
17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, or both in the State of Broadcaster agent, or both in the State agent and state agent agent agent agent agent agent agent agen				94	City			AS Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The toty such printed man of ingistered agent and site if applicable.    Signature   Signatu	•				1 1				
Signature, Typed or printed name of registered agent and filled if applications (NOTE, Registered Agent agents required when inflatibility)   Signature, Typed or printed name of registered agent agents required when inflatibility	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 617.0503, Florida Statutes.								gistered
TITLE PD DELETE 1.1 TITLE	SIGNATORE				nt signature requi			D DIDECTO	DC IN 12
ITITE PU CHARLOTTE M	12.	OFFICERS AND			<del></del>	ADDITIONS/CHANGES TO OF	ICERS AN		
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NAME ST. JOHN, TERESA M. 32 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  SD  DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL  4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			C) DELETE		ST-ZIP			Change	☐ Addition
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TITLE									
NAME		JACKSUNVILLE BEACH FL	□ DELETE		1-21			Change	Addition
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CACTO CT 7ID				6.3 STREE	T ADDRESS				1
				6.4 CITY-S	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 617, 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:

I LESO IMP. STANDAGE QUITE CESA M. S
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

(904)620-2910

CR2E037 (11/98)