

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732046 (8)

1. Corporation Name

SAN MARCO CLUB, INC



Principal Place of Business

Mailing Address

1423 SAN MARCO BLVD.
JACKSONVILLE FL 32207

1423 SAN MARCO BLVD.
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

03/04/1975

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1423 San Marco Blvd.

26 1423 San Marco Blvd.

4. FEI Number

59-6014899

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

23 Jacksonville FL

28 Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 32207

25 FLA, USA

29 32207

30 FLA, USA

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

SWEAT, TOM M.
1048 CATHCART ST.
JACKSONVILLE FL 32211

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME HIGLEY, RITA
STREET ADDRESS 12496 ATTRILL RD.
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE Secretary ☒ Change ☐ Addition
1.2 NAME William J. PRO
1.3 STREET ADDRESS 4892 North Ford PLACE East
1.4 CITY - ST - ZIP Jacksonville, FL 32257

TITLE TD ☐ DELETE
NAME ROSEBOROUGH, DOUGLAS D.
STREET ADDRESS 1078 IBIS RD.
CITY - ST - ZIP JACKSONVILLE, FL 00000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE PD ☒ DELETE
NAME PAIR, WILLIAM
STREET ADDRESS 10138 OAK ISLE RD
CITY - ST - ZIP JACKSONVILLE FL

3.1 TITLE President ☒ Change ☐ Addition
3.2 NAME Marlene Carter
3.3 STREET ADDRESS 13161 Silver Oaks Drive
3.4 CITY - ST - ZIP Jacksonville, FL 32223

TITLE VD ☒ DELETE
NAME TAYLOR, HOWARD F.
STREET ADDRESS 212 SARA DRIVE
CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE Vice President ☒ Change ☐ Addition
4.2 NAME ANDY Wood
4.3 STREET ADDRESS 444 Barnaby Drive
4.4 CITY - ST - ZIP Jacksonville, FL 32212

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. J. Anderson* D.D. Roseborough
TREASURER

4/18/96

904-744-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)