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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732046

1. Corporation Name

SAN MARCO CLUB, INC

Principal Place of Business
1423 SAN MARCO BLVD.
JACKSONVILLE FL 32207

Mailing Address
1423 SAN MARCO BLVD.
JACKSONVILLE FL 32207



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/04/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6014899	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			

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 <u>Rita Higley</u>			
				82 Street Address (P.O. Box Number is Not Acceptable) <u>12496 ATTRILL RD.</u>			
				83			
				84 City <u>Jacksonville</u> FL 85 Zip Code <u>32208</u>			

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 Rita A. Higley Rita A. Higley 4/26/99
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 <input type="checkbox"/> DELETE	1.1 TITLE	Bryan, Clyde <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGLEY, RITA	1.2 NAME	4376 Turner Avenue
STREET ADDRESS	12496 ATTRILL RD	1.3 STREET ADDRESS	Jacksonville, FL 32207
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	TD
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Higley, Rita <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEBOROUGH, DOUGLAS D.	2.2 NAME	12496 Attrill Rd.
STREET ADDRESS	1078 IBIS RD.	2.3 STREET ADDRESS	Jacksonville, FL 32258
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	VD
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Joanne Lowell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, ROBERT	3.2 NAME	P. O. Box 1628 - 110 Knite Court
STREET ADDRESS	1504-2 HENDRICKS AVENUE	3.3 STREET ADDRESS	Macclenny, FL 32063
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	PD
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Robert O. Daly III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JAMES	4.2 NAME	2326 Woodale Street
STREET ADDRESS	1614 LARUE, APT 13	4.3 STREET ADDRESS	Jacksonville, FL 32207
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Rita A. Higley 4/26/99 904/633-1488
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)