## FILE NOW: FILING FEE IS \$61.25

## May 20 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (6)736856 CONDUCES CLUB, INC. Principal Place of Business Mailing Address 4818 DALLEN LEA DR. 4818 DALLEN LEA DR. 3. Date Incorporated or Qualified JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 09/22/1976 4. FEI Numbe Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes □ No 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TARVER, CORNELL 82 Street Address (P.O. Box Number is Not Acceptable) 4818 DALLEN LEA RD. 83 JACKSONVILLE FL 32208 City 84 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME KAY, DELORIS 1.2 NAME CR2E037 2116 COMMONWEALTH AVENUE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32209 1.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CHAMBERS, DELORIS NAME 2.2 NAME 5060 PRINCLEY AVENUE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE YOUNG, LILLIAN NAME 3.2 NAME 1128 BRIDIER ST. 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STOKES, FREDDIE NAME 4. 2 NAME 435 W. 27TH ST. 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32206 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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I hereby oertify 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.

SIGNATURE:

**FILED**