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 # **752086** **(9)**

1. Corporation Name

DUVAL SCHOOL ADMINISTRATION BUILDING, INC.

Principal Place of Business	Mailing Address
1901 SERVICE ST JACKSONVILLE FL 32207	1901 SERVICE ST JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **04/17/1980**

3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-1987286** ☐ 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

9. Name and Address of Current Registered Agent

CAVEN, JOHN
3306 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: William H. Harrell

82 Street Address (P.O. Box Number is Not Acceptable): 1901 Service Street

83:

84 City: Jacksonville **FL** 85 Zip Code: 32207

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: William H. Harrell — DATE: 4/26/96

Signature, typed or printed name of registered agent and the date as well.

(Note: Registered Agent signature is required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRELL, WILLIAM H		1.2 NAME		
STREET ADDRESS	948 HOLLY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MATHIAS, DOROTHY DANESE		2.2 NAME		
STREET ADDRESS	341 BAISDEN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DI GIANDOMENICO JOANN		3.2 NAME		
STREET ADDRESS	2796 JEWEL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOONEY, JACK		4.2 NAME		
STREET ADDRESS	1035 ELDER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, CHARLES E JR		5.2 NAME		
STREET ADDRESS	1980 EDGEWOOD AVE W		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: William H. Harrell — 4/26/96 — 904-398-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #