

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90052 007 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 752086

1. Corporation Name

DUVAL SCHOOL ADMINISTRATION BUILDING, INC.

Principal Place of Business

1901 SERVICE ST
 JACKSONVILLE FL 32207

Mailing Address

1901 SERVICE ST
 JACKSONVILLE FL 32207



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/17/1980

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

9. Name and Address of Current Registered Agent

HARRELL, WILLIAM H
 1901 SERVICE STREET
 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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

TITLE DP DELETE
 NAME HARRELL, WILLIAM H
 STREET ADDRESS 948 HOLLY LANE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE VSD DELETE
 NAME MATHIAS, DOROTHY DANESE
 STREET ADDRESS 341 BAISDEN RD.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE VTD DELETE
 NAME DI GIANDOMENICO JOANN
 STREET ADDRESS 2796 JEWEL ROAD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE SD DELETE
 NAME NOONEY, JACK
 STREET ADDRESS 1035 ELDER LANE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D DELETE
 NAME SIMMONS, CHARLES E JR
 STREET ADDRESS 1980 EDGEWOOD AVE W
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 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:

William H. Harrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

904-398-7177

Daytime Phone #

CR2E037 (1/98)