

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 754878 (7)
1. Corporation Name
JACKSONVILLE CHAMBER OF COMMERCE, INC.



Principal Place of Business 3 INDEPENDENT DRIVE JACKSONVILLE FL 32202 US	Mailing Address 3 INDEPENDENT DRIVE JACKSONVILLE FL 32202 US
--	--

3. Date Incorporated or Qualified 10/29/1980	Applied For
4. FEI Number 59-0306160	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LEE, WALTER M. III
3 INDEPENDENT DRIVE
JACKSONVILLE FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WALTER M. III	1.2 NAME	
STREET ADDRESS	3 INDEPENDENT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JR. L	2.2 NAME	Jenkins, Jr., Leerie T.
STREET ADDRESS	4651 SALSBUARY ROAD, SUITE 400	2.3 STREET ADDRESS	4651 Salisbury Road, Suite 400
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHENEY, ANDREW	3.2 NAME	Harden, Ceree
STREET ADDRESS	50 N. LAURA ST	3.3 STREET ADDRESS	P.O. Box 2286 806 Riverside Ave. 32204
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Florida 32202
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JACK H.	4.2 NAME	Thoele, Larry
STREET ADDRESS	ONE INDEPENDENT DR. #1800	4.3 STREET ADDRESS	P.O. Box 130 1 Independent Dr. Suite 2700
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Florida 32201
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELCH, JOHN	5.2 NAME	Pappas, M. Lynn
STREET ADDRESS	200 LAURA STREET	5.3 STREET ADDRESS	200 W. Forsyth St., Ste. 1400
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, Florida 32202
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, JR. D	6.2 NAME	Connell, Jr., Daniel W.
STREET ADDRESS	ONE STADIUM PLACE	6.3 STREET ADDRESS	One ALLTEL Stadium Place
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32202

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 recipient 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 in an attachment with an address.

CR2E037 (10/97)