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Mar 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754878

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/29/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0306160
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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
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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 Walter M. Lee, III President DATE 3/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDS <input type="checkbox"/> DELETE	NAME LEE, WALTER M. III	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3 INDEPENDENT DRIVE	CITY-ST-ZIP JACKSONVILLE, FL 00000	1.2 NAME	
TITLE C <input type="checkbox"/> DELETE	NAME JENKINS, LEERIE T JR	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Jenkins, Leerie T. Jr.
STREET ADDRESS 4651 SALISBURY-RD, STE 400	CITY-ST-ZIP JACKSONVILLE FL 32256	2.2 NAME	4651 Salisbury Rd., Ste. 400
TITLE D <input type="checkbox"/> DELETE	NAME HARDEN, CEREE	2.3 STREET ADDRESS	Jacksonville, FL 32256
STREET ADDRESS P O BOX 2286, 806 RIVERSIDE AVE	CITY-ST-ZIP JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME THOELE, LARRY	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	C Harden, Ceree
STREET ADDRESS P O BOX 190, 1 INDEPENDENT DR, STE 2700	CITY-ST-ZIP JACKSONVILLE FL 32201	3.2 NAME	P.O. Box 2286, 806 Riverside Ave.
TITLE D <input checked="" type="checkbox"/> DELETE	NAME PAPPAS, M L	3.3 STREET ADDRESS	Jacksonville, FL 32202
STREET ADDRESS 200 W FORSYTH ST, STE 1400	CITY-ST-ZIP JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME CONNELL, DANIEL W JR	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Anderson, John K.
STREET ADDRESS ONE ALLTEL STADIUM PLACE	CITY-ST-ZIP JACKSONVILLE FL 32202	4.2 NAME	1776 American Heritage Drive
TITLE	NAME	4.3 STREET ADDRESS	Jacksonville, FL 32224
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Fawbush, Andrew J.
TITLE	NAME	5.2 NAME	50 N. Laura Street, Ste. 2800
TITLE	NAME	5.3 STREET ADDRESS	Jacksonville, FL 32202
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Mason, William C.
TITLE	NAME	6.2 NAME	1301 River Place Blvd., Ste. 1700
TITLE	NAME	6.3 STREET ADDRESS	Jacksonville, FL 32207
TITLE	NAME	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: [Signature] President DATE 3/22/99 (904) 366-6600