

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90115 012 \*\*\*\*70.00

**DOCUMENT # 755830**

1. Corporation Name

**JACKSONVILLE ECONOMIC DEVELOPMENT COMPANY, INC.**

Principal Place of Business

220 E BAY STREET  
STE 404-A  
JACKSONVILLE FL 32202  
US

Mailing Address

220 E BAY STREET  
STE 202-A  
JACKSONVILLE FL 32202  
US



2. Principal Place of Business

21 **220 E. Bay Street**

Suite, Apt. #, etc.

22 **4th Floor**

City & State

23 **Jacksonville, FL**

Zip

24 **32202**

Country

25 **U.S.**

2a. Mailing Address

26 **220 E. Bay Street**

Suite, Apt. #, etc.

27 **4th Floor**

City & State

28 **Jacksonville, FL**

Zip

29 **32202**

Country

30 **U.S.**

3. Date Incorporated or Qualified

**01/12/1981**

4. FEI Number

**59-2157833**

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

**WHITAKER, JOSPEH E**  
**220 E BAY ST**  
**STE 404-E**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 **Whitaker, Joseph E.**

82 **Street Address (P.O. Box Number is Not Acceptable)**

**220 E. Bay Street**

83 **4th Floor**

84 **Jacksonville**

**FL**

85 Zip Code

**32202**

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 ☐ DELETE

NAME **JOSEPH E. WHITAKER,**  
STREET ADDRESS **220 E BAY ST, STE 404-A**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ DELETE

NAME **D GREENE, ARNETT**  
STREET ADDRESS **2737 EDGEWOOD AVE, W**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **C IRELAND, LOCK W**  
STREET ADDRESS **225 WATER ST., SUITE 1575**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ DELETE

NAME **D RICHARD TOSH**  
STREET ADDRESS **3740 BEACH BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME **S RON WILKINS,**  
STREET ADDRESS **1301 RIVERPLACE BLVD. #1901**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)