## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06668

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ROBERT L. POPE REALTY, INC.

Principal Place of Business Mailing Address 930 NIRA STREET 930 NIRA STREET JACKSONVILLE FL 32207-5427 JACKSONVILLE FL 32207-8429 3. Date incorporated or Qualified 3a. Date of Last Report 11/24/1980 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2042152 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUMPH, J QUINTON 3100 UNIVERSITY BLVD S 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32216 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ported name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DELETE Change 1.1 TITLE POPE, ROBERT L. NAME 1.2 NAME 7003 HANSON DRIVE SO STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CHTY-ST-ZiF DELETE 2.1 TITLE Change Addition THREE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIE 2.4 City-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7-P 3.4. CITY - ST - ZIP DELETE THILE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DOY-ST-7P 4.4 CITY-ST-ZIP DELETE Change Addition THEF 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP OHY-ST-24F DELETE 1 116 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 00Y-ST-7:P 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 is 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged if on an attachment with an oddress.

PORECTON - POPE 2/13/97 904-3962110