FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F46163

1. Corporation Name

THE AUCHTER COMPANY

Principal Place of Business	Mailing Address
1021 OAK STREET PO BOX 1193 JACKSONVILLE FL 32201	1021 OAK STREET PO BOX 1193 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/25/1981

4. FEI Number **59-2134280**	Applied For / Not Applicable

5. Certifcate of Status Desired XXX   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. XXX Yes ☐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	10. Name and Address of New Registered Agent
GLASS, W.H. JR. 1021 OAK ST JACKSONVILLE FL 32204	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 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. I am familiar with, and accept the obligations of, Section 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD NAME GLASS, STEVEN B STREET ADDRESS 1021 OAK STREET CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	1.1 TITLE V 1.2 NAME MOODY, EUGENE J. 1.3 STREET ADDRESS 1021 OAK STREET 1.4 CITY-ST-ZIP JACKSONVILLE, FL	☐ Change XX Addition
TITLE ST NAME LEMEN, JUANITA W STREET ADDRESS 1021 OAK STR CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME BUTLER, THOMAS G STREET ADDRESS 1021 OAK STR CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME GLASS, W. H., JR. STREET ADDRESS 1021 OAK STREET CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME HOWE, P. G., JR. STREET ADDRESS 1021 OAK STREET CITY-ST-ZIP JACKSONVILLE FL	XX DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME GLASS, JEFFREY D STREET ADDRESS 1021 OAK ST CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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 607, 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: _W. H. Glass_ W. H. Glass, Jr. – President 1-8-99   904/355-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)