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

PROFIT CORPORATION ANNUAL REPORT

1998

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F68614

PAPPAS METCALF & JENKS, PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address 200 W. FORSYTH ST 200 W FORSYTH ST JACKSONVILLE FL 32202-327 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32202-327 3. Date Incorporated or Qualified 02/24/1982 Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 59-2160992 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Γ 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
10. Name and Address of New Registered Agent Z(p)Country 24 25 30 g. Name and Address of Current Registered Agent PAPPAS, M. LYNN 200 W. FORSYTH ST, 1400 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202-4327 **B3** Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508. 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 account the obligations of Section 607.0505. Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change METCALF, JOHN G. NAME 1.2 NAME 200 W. FORSYTH ST. #1400 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DS DELETE Change Addition TITLE 2.1 TITLE JENKS, THOMAS M. NAME 2.2 NAME 200 W. FORSYTH ST., #1400 STREET ADORESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE REINSCH, MARK A. NAME 3.2 NAME 200 W. FORSYTH ST., #1400 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE MILLER, FRANK E NAME 4. 2 NAME 200 W FORSYTH STR #1400 STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 51 TITLE PAPPAS, M LYNN NAME 5.2 NAME 200 W FORSYTH ST, #1400 STREET ADDRESS **53 STREET ADDRESS** JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 chapted, or on an attachment with an address.

2/5/98

(904) 363-1980

FILED

Feb 11 1998 8:00am

Secretary of State