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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F68941** **(6)**

1. Corporation Name
LLI CORP.

Principal Place of Business	Mailing Address
1010 EAST ADAMS ST. 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32201 US	1010 EAST ADAMS ST. 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1982

4. FEI Number: 59-2167302 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1 Independent Drive	26 1 Independent Drive
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32202-5009 / 25 USA	Zip / Country 29 32202-5009 / 30 USA

9. Name and Address of Current Registered Agent
WILLIAMS, L. D.
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1 Independent Drive, Suite 1600
83
84 City: Jacksonville **FL** 85 Zip Code: 32202-5009

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LOVETT, R.D.		1.2 NAME		
STREET ADDRESS	1600 INDEPENDENT SQUARE		1.3 STREET ADDRESS	1 Independent Drive, Suite.1600	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE	VTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOVETT, L.D.		2.2 NAME		
STREET ADDRESS	1600 INDEPENDENT SQUARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMX, L.D.		3.2 NAME	Williams, L. D.	
STREET ADDRESS	1600 INDEPENDENT SQUARE		3.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE	VPS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KREIS, R.R.		4.2 NAME		
STREET ADDRESS	1600 INDEPENDENT SQUARE		4.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE		☐ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME			5.2 NAME	Mello, Jeannine	
STREET ADDRESS			5.3 STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: L. D. Williams Vice Pres/Treas 6-1-98 (904)634-8808