| FILE NOW PROFIT CORPORAT ANNUAL REF 1998 | | AFTER | R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State Division OF CORPORATIONS | | Mar 24 1998 8:00an Secretary of State | | |
|---|---|----------------------|---|---|--|--|---|
| DOCUMENT 1, Corporation Natrie BUSINESS MAI | F# F8486 NAGEMENT SOLU | | (7) ICORPORATED |) | | | |
| Principal Place of Business 2025 ART MUSEUM DR. JACKSONVILLE FL 32207 | | 2025 | Mailing Address 2025 ART MUSEUM DR. JACKSONVILLE FL 32207 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | |
| 2, Principal Place of Bus | siness | 2a. M | ailing Address | | 06/10/1982 4. FEI Number | A | pplied For |
| 21] | | 26 | | | <u>59-2207256</u> | | ot Applicable |
| Suite, Apt. #, etc. | | 27 | uite, Apt. #, etc. | | 5. Certificate of Status Desired | 1 | Additional equired |
| City & State | | C) 28 | ily & State | | 6. Election Campaign Financing Trust Fund Contribution | Added | May Be to Fees |
| Zip 24 | Country 25 | 29 | p | Country | This corporation owes or has particular personal Property Tax due June | | tangible No |
| 9, Nam | e and Address of Curr | | ed Agent | | 10. Name and Address of New Re | | |
| FLEMMER, R | | | | 81 Name | | | |
| 8366 KIM RE JACKSONVI |). LE FL 32217 | | | 82 Street Add | fress (P.O. Box Number is Not Accepta | ble) | |
| DAONOONNI | | | | 63 | | | |
| | | | | | | | |
| | | | | 84 City | | 85 Zip | Code |
| 11. Pursuant to the provi | isions of Sections 607.0 | 0502 and 607. | 1508, Florida Statut | | poration submits this statement for the | | |
| agent. I am familiar y SIGNATURE | with, and accept the op | ngations of, S | ection 607.0505, Fic | es, the above-named cor authorized by the corpora orida Statutes. | poration submits this statement for the ation's board of directors. I hereby acce | PL purpose of changing i pt the appointment as | |
| agent. Lam familiar y SIGNATURE Signature type | with, and accept the op | ngations of, S | plicable (NOT | es, the above-named cor authorized by the corpora orida Statutes. | ured when reinstating) | purpose of changing in pt the appointment as | ts registered registered |
| agent. I am familiar y SIGNATURE Signature type 12. Title P | with, and accept the op and panted time of trip to d OFFICERS / | egent and tille if a | plicable (NOT | es, the above-named cor authorized by the corpora orida Statutes. | | purpose of changing in pt the appointment as | ts registered registered |
| agent. I am familiar v SIGNATURE <u>Signature Mor</u> 12. TriLe P NAME FLEMN FLEMN | with, and accept the ob of a pinted name of high tend OFFICERS / IER, R. A. | egent and tille if a | sclion 697.0505, Fi plicable (NOT DRS | es, the above-named cor authorized by the corpora orida Statutes. E. Registered Agont signature requinant 13, 11 TILE 1.2 NAME | ured when reinstating) | DATE | ts registered registered |
| Agent. I am familiar V SIGNATURE TILE NAME STREET ADDRESS BAGE N | with, and accept the op of a pieted name of high tered OFFICERS / IER, R. A. KIM RD. | egent and tille if a | sclion 697.0505, Fi plicable (NOT DRS | es, the above-named cor authorized by the corpora orida Statutes. E. Registered Agont signature requinant 13 . 11 TITLE 12 NAME 1.3 STREET ADDRESS | ured when reinstating) | DATE | ts registered registered |
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