**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # F93000005186 (2)

1. Corporation Name

CONCORD JACKSONVILLE INVESTORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ONE Cleveland Center<br>1375 E. 9th Street, Suite 2750<br>Cleveland, Ohio 44114 | ONE Cleveland Center<br>1375 E. 9th Street, Suite 2750<br>Cleveland, Ohio 44114 |

3. Date Incorporated or Qualified: 11/16/93
3a. Date of Last Report: 2/20/95

2. Principal Place of Business
21 SAME AS Above
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 SAME AS Above
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 34-175 7823 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
(If typed or printed name of registered agent and title of officer) (NOTE: Registered Agent's signature required when executed.)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CT | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOYAR, Bert W. | | 1.2 NAME | | |
| STREET ADDRESS | ONE Cleveland Center, Suite 2750 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Cleveland, Ohio 44114 | | 1.4 CITY-ST-ZIP | | |
| TITLE | DVS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LAPORT, Mark G. | | 2.2 NAME | | |
| STREET ADDRESS | ONE Cleveland Center, Suite 2750 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Cleveland, Ohio 44114 | | 2.4 CITY-ST-ZIP | | |
| TITLE | DP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Kartalis, Andrew | | 3.2 NAME | | |
| STREET ADDRESS | One Cleveland Center, Suite 2750 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Cleveland, Ohio 44114 | | 3.4 CITY-ST-ZIP | | |
| TITLE | DV | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Rogers, James C. | | 4.2 NAME | | |
| STREET ADDRESS | 1350 Euclid Avenue | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Cleveland, Ohio 44115 | | 4.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KRANTZ, Byron S. | | 5.2 NAME | | |
| STREET ADDRESS | One Cleveland Center, 20th Floor | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Cleveland, Ohio 44114 | | 5.4 CITY-ST-ZIP | | |
| 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 | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Bert W Moyar Bert W Moyar 2-19-96 216 589-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number