

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 APR 26 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000660 (9)

1. Corporation Name

JACKSONVILLE FUNDING CORPORATION



500001796475

Principal Place of Business
C/O J H MANAGEMENT CORP.
89 PARK ST.
BOSTON MA 02101

Mailing Address
C/O J H MANAGEMENT CORP.
P.O. BOX 4024
BOSTON MA 02101

2. Principal Place of Business

21 One International Pl.

22 608

23 Boston, MA

24 02110

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

30

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

4. FEI Number

04-3251719

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SMITH, NANCY D
STREET ADDRESS 39 SOUTH TERRACE
CITY - ST - ZIP BEVERLY MA

TITLE ☐ DELETE

NAME SD
COLBY, LOUISE E
STREET ADDRESS 11 CAZENOVE STREET
CITY - ST - ZIP BOSTON MA

TITLE ☒ DELETE

NAME V
TRAN, LANNH
STREET ADDRESS 566 COMMONWEALTH AVENUE NO. 610
CITY - ST - ZIP BOSTON MA

TITLE ☐ DELETE

NAME T
DONALDSON, R D
STREET ADDRESS 28 GRANT STREET
CITY - ST - ZIP NEEDHAM MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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)(k), 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:

Tiffany Percival, Vice President

04/24/96

617-951-7633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)