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

F95000003047 (6) DOCUMENT

KOGER REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

2006 BOILLEVADO OCUTED DOIVE

FILED Mar 25 1998 8:00am Secretary of State



JACKSONVILLE FL 32207			JACKSONVILLE FL 32207					
						DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 06/23/1995		
2. Principal Place of Business 2a. N			, Mailing Address			4. FEI Number	Applied For	
21		26	26			52-1 93 3543	Not Applicable	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	L./			5. Certificate of Status Desired	Fee Required	
City & State		City 8	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	.			Trust Fund Contribution	Added to Fees	
Zip	Country	Z _i p		Countr	У	8. This corporation owes or has pai	_	
24	25	29		30		Personal Property Tax due June		
e, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM				81	81 Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PENNIAHUN PL 00024			83	Ì				
				84	1		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								
SIGNATIONE .	Signature, typed or printed name of registere	d agent and litte if applica	ble (NOTE	Registered Ag	ent signature	e required when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DPC		DELETE	1.1 TITLE		DC.	Change	
NAME	HUGHES, VICTOR A	** ***		1.2 NAME				
STREET ADDRESS 3986 BOULEVARD CENTER DRIVE			1.3 STREE	T ADDRESS		{		
CITY-ST-ZIP	JACKSONVILLE FL	_		1.4 CITY+5				
TITLE	DV		DELETE	2.1 TITLE		DΡ	Change	
NAME	TEAGLE, JAMES C			2.2 NAME	•	Γ'		
STREET ADDRESS	3986 BOULEVARD CENTE	H DRIVE		2.3 STREE	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			2.4 CITY-	ST-ZIP			
TITLE	VSD		DELETÉ	3.1 THILE			Change Addition	
NAME	JENKINS, W. LAWRENCE	o pose		3.2 NAME				
STREET ADDRESS	3986 BOULEVARD CENTE			3.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.4. CITY -	ST-2IP			
TITLE	 		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	STEPHENS, JAMES L	O DOLE		4. 2 NAME				
STREET ADDRESS	3986 BOULEVARD CENTE	K UHIVE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			4.4 CITY - S	T-ZIP			
TITLE	AS		☐ DELETE	5.1 TITLE			Change Addition	
NAME	HARWELL, WILLIAM H			5.2 NAME				
STREET ADDRESS	3700 NATIONAL DRIVE, S	IE. 100		5.3 STREET	ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27612			5.4 City - 9	T-ZiP			
TITLE			DELETE	6.1 TITLE		1 V	☐ Change 🔀 Addition	
NAME				6.2 NAME		Bradford A. Chaffin 3986 Boulevand Center br		
STREET ADDRESS				6.3 STREET	ADDRESS	3986 Boulevand Center Dr		
						T 4. 1812 11 122 21	Į.	

6.4 CITY-ST-ZIP

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 phanocd, or on an attachment with an address.