

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90249 048 ***150.00

DOCUMENT # F95000003047

1. Corporation Name

KOGER REALTY SERVICES, INC.

Principal Place of Business

3986 BOULEVARD CENTER DRIVE
JACKSONVILLE FL 32207

Mailing Address

3986 BOULEVARD CENTER DRIVE
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

52-1933543

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8880 Freedom Crossing Trail
Suite, Apt. #, etc.

22 Suite 100

23 Jacksonville FL

24 32256-9920 25 USA

2a. Mailing Address

26 P.O. Box 58120

Suite, Apt. #, etc.

27 City & State

28 Jacksonville FL

Zip

29 32241-8120

Country

30 USA

9. Name and Address of Current Registered Agent

C T 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

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 DC ☐ DELETE

NAME HUGHES, VICTOR A
STREET ADDRESS 3986 BOULEVARD CENTER DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE

NAME TEAGLE, JAMES C
STREET ADDRESS 3986 BOULEVARD CENTER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VSD ☐ DELETE

NAME JENKINS, W. LAWRENCE
STREET ADDRESS 3986 BOULEVARD CENTER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE T ☐ DELETE

NAME STEPHENS, JAMES L
STREET ADDRESS 3986 BOULEVARD CENTER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE AS ☐ DELETE

NAME HARWELL, WILLIAM H
STREET ADDRESS 3700 NATIONAL DRIVE, STE. 100
CITY-ST-ZIP RALEIGH NC 27612

TITLE V ☐ DELETE

NAME BRADFORD A CHAFFIN
STREET ADDRESS 3986 BOULEVARD CENTER DR
CITY-ST-ZIP JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
1.4 CITY-ST-ZIP 32256-9920

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
2.4 CITY-ST-ZIP 32256-9920

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
3.4 CITY-ST-ZIP 32256-9920

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS VP T
4.4 CITY-ST-ZIP 8880 Freedom Crossing Trail, Ste 100
32256-9920

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 5445 77 Center Drive, Ste 70
5.4 CITY-ST-ZIP Charlotte, NC 28217

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
6.4 CITY-ST-ZIP 32256-9920

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 904/538-8870
Date Daytime Phone #

0043481

CR2E034 (11/98)