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

DOCUMENT # F9500005111

<u> </u>	 -	AA-W AAda	
Principal Place of Business		Mailing Address	
500 WATER STREET		500 WATER ST.	
JACKSONVILLE FL 32202		S/C J-160	
		JÁCKSONVILLE FL 32202	

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90017 048 ***150.00

1. Corporatio						
CSX PR	ofessional services G	ROUP, INC.				
Principal Plac	e of Business	Mailing Address		I INDICED ILIN INITI DICH AND DATE NOTE AND IN		1001 1101 1001
-500 WATER ST	REET	500 WATER ST.				
JACKSONVILLE	FL 32202	S/C J-160		DO NOT WEITE IN	1110 00400	
		JACKSONVILLE FL 32202	·	DO NOT WRITE IN T	HIS SPACE	 -1
			•	3. Date Incorporated or Qualifed		Ì
6 Date 1 15	No. of Projects	2a. Mailing Address		10/19/1995 4. FEI Number	7" 400	olied For
·	Place of Business	F			 	
21	4 -1-	Suite, Apt. #, etc.		59-3307394	\$8.75 A	Applicable
Suite, Apt.	#, etc.	⊢ ¬ ' '		5. Certifcate of Status Desired	Fee Re	
City & Stat		City & State		O. Flanting Commission Financian		<u>-</u>
· ·	de .	}, *		Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip	Country		Country			
	´	29	30	 This corporation owes the current year Personal Property Tax. 		□No
24	9, Name and Address of Curre		1301			
	S. Name and Address of Cone	iit Kegisterea Agent	81 Name	10. Name and Address of New Register	ote belo	rw -
СТ	CORPORATION SYSTEM		NOTE:			<u>a</u>
	SOUTH PINE ISLAND ROAD		82 CStreet Ac	hateled by Nather is Mit are disple) b	ersonal	}
	NTATION FL 33324		aprope	rty tax return filed	on beha	1f of
103	MIANON I E GOOZY			orporation and conso		
				iates, FEIN 62-10519		ode
		1 007 4500 Et .: 1 01-4				racistarad
office or I	registered agent, or both, in the State	of Florida. Such change was a	authorized by the corpora	prporation submits this statement for the purpos ation's board of directors. I hereby accept the a	ppointment as reg	istered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Fl	orida Statutes.			
SIGNATURE				uired when reinstating) DAT	<u> </u>	\
12	Signature, typed or printed name of registered age	ND DIRECTORS	E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	ND OFFICERS A	DELETE	1.1 TITLE	ADDITIONS/GRANGES TO OFFICER	Change	Addition
NAME	ANDREWS, J F		1.2 NAME			_ }
		/	1.3 STREET ADDRESS			
STREET ADDRESS	500 WATER ST		4			
CITY-ST-ZIP	JAX FL 32202	□ P ELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	☐ Addition
TITLE	VP					
NAME	AARON, C		2.2 NAME			Ì
STREET ADDRESS	***************************************		2.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL 32202	Closists	2.4 CITY-ST-ZIP		Change	Addition
TITLE	VP VP	☐ DELETE	3.1 TITLE		☐ Change	
NAME	AFTOORA, P		3.2 NAME	#	, 	ŀ
STREET ADDRESS			3.3 STREET ADDRESS	See attached Li	St.	
CITY-ST-ZIP	JAX FL 32202		3.4. CITY-ST-ZIP			
TITLE	Ų VP ✓	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	LARIZZA, R	\	4. 2 NAME			
STREET ADDRESS	550 WATER ST		4.3 STREET ADDRESS			}
CITY-ST-ZIP	JAX FL 32202		4.4 CITY-ST-ZIP			
TITLE	VP /	DELETE	5.1 TITLE		☐ Change	Addition
NAME	PATE, M	\	5.2 NAME			
STREET ADDRESS	/	1	5.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL 32202		5.4 CITY-ST-ZIP			
TITLE		□ DE ETE	6.1 TITLE	······································	☐ Change	☐ Addition
	D /					
NAME	_ Z		6.2 NAME			
NAME STREET ADDRESS	ANDREWS, F					

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:

4/15/99 (904) 366-4242

CSX PROFESSIONAL SERVICES GROUP, INC. 475635-90017-48 F95000005111

Directors

بر است

Name Address 550 Water Street R. D. Larizza Jacksonville, FL 32202

M. P. McGovern 550 Water Street

Jacksonville, FL 32202 500 Water Street C. J. O. Wodehouse Jacksonville, FL 32202

Officers

<u>Name</u>	<u>Title</u>	Address	
C. J. O. Wodehouse	President	500 Water Street Jacksonville, FL 32202	
C. E. Aaron	Vice-President	550 Water Street Jacksonville, FL 32202	
P. J. Aftoora	Vice-President and Corporate Secretary	500 Water Street Jacksonville, FL 32202	
R. D. Larizza	Vice-President	550 Water Street Jacksonville, FL 32202	
B. A. Schwinger	Treasurer	301 West Bay Street Jacksonville, FL 32202	
M. P. McGovern	Controller	550 Water Street Jacksonville, FL 32202	