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Aug 20, 1999 8:00 am  
Secretary of State

08-20-1999 90004 046 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F97000001026

1. Corporation Name

FORTRESS-JAX FLORIDA, INC.

Principal Place of Business

11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

Mailing Address

11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

54-1837545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 CD  
NAME COLEMAN, J M  
STREET ADDRESS 1921 GALLOWES ROAD, STE 730  
CITY-ST-ZIP VIENNA VA ☒ DELETE

TITLE P  
NAME MARTELL JR, JAMES J  
STREET ADDRESS 1921 GALLOWES ROAD, STE 730  
CITY-ST-ZIP VIENNA VA ☒ DELETE

TITLE DV  
NAME ZAKOSKE, JOHN  
STREET ADDRESS 11217 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ DELETE

TITLE T  
NAME SHIRLEY, JEFFREY  
STREET ADDRESS 1921 GALLOWES ROAD, STE 730  
CITY-ST-ZIP VIENNA VA ☐ DELETE

TITLE S  
NAME ARNOLD III, CHARLES W  
STREET ADDRESS 11217 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE AS  
NAME PIRELLO, JAMES  
STREET ADDRESS 1921 GALLOWES ROAD, STE 730  
CITY-ST-ZIP VIENNA VA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Fremonto, Philip  
1.3 STREET ADDRESS 11217 San Jose Blvd  
1.4 CITY-ST-ZIP Jacksonville, FL 32223 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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  
ZAKOSKE

01/18/99

(904) 268-2845

Date

Daytime Phone #

CR2E034 (11/98)