

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000001067 (4)

1. Corporation Name

JACKSONVILLE RESOURCES, INC.



Principal Place of Business

JACKSONVILLE RESOURCES, INC.  
155 STATE ST  
HACKENSACK NJ 07601

Mailing Address

JACKSONVILLE RESOURCES, INC.  
155 STATE ST  
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

22-2599239

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3728 PHILIPS HIGHWAY  
SUITE 34

22 JACKSONVILLE, FL

23 32207

24 32207

2a. Mailing Address

26 3728 PHILIPS HIGHWAY  
SUITE 34

27 JACKSONVILLE, FL

28 32207

29 32207

30 32207

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP  
NAME FARRELL, WILLIAM D  
STREET ADDRESS 155 STATE ST  
CITY-ST-ZIP HACKENSACK NJ 07601

☒ DELETE

TITLE DCV  
NAME LARSEN, CARL B  
STREET ADDRESS 155 STATE ST  
CITY-ST-ZIP HACKENSACK NJ 07601

☒ DELETE

TITLE  
NAME O'MALLEY, JOHN P  
STREET ADDRESS 155 STATE ST  
CITY-ST-ZIP HACKENSACK NJ 07601

☒ DELETE

TITLE DS  
NAME DAVIS, STEVEN  
STREET ADDRESS 711 5TH AVE  
CITY-ST-ZIP NY NY 10022

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P  
1.2 NAME GERALD H. ALLEN  
1.3 STREET ADDRESS 155 STATE ST.  
1.4 CITY-ST-ZIP HACKENSACK, NJ 07601

☐ Change

☒ Addition

2.1 TITLE VIT/S  
2.2 NAME GEOFFREY A. WHYNOT  
2.3 STREET ADDRESS 155 STATE ST.  
2.4 CITY-ST-ZIP HACKENSACK, NJ 07601

☐ 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

SIGNATURE

*[Signature]*

4/30/98

CR2E034 (10/97)