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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000004371 (7)

1. Corporation Name

IHC/JACKSONVILLE CORPORATION

Principal Place of Business

FOSTER PLAZA X. 680 ANDERSEN DR.  
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X. 680 ANDERSEN DR.  
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

APPLIED FOR 23-2917361

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 ☐ DELETE

NAME DP  
PARRINGTON, W. THOMAS JR.  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.  
CITY - ST - ZIP PITTSBURGH PA 15220

TITLE ☐ DELETE

NAME DVT  
RICHARDSON, J. WILLIAM  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.  
CITY - ST - ZIP PITTSBURGH PA 15220

TITLE ☐ DELETE

NAME DS  
DROZ, MARVIN I  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.  
CITY - ST - ZIP PITTSBURGH PA 15220

TITLE ☐ DELETE

NAME C  
FINE, MILTON  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.  
CITY - ST - ZIP PITTSBURGH PA 15220

TITLE ☐ DELETE

NAME V  
FROMAN, ROBERT L  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.  
CITY - ST - ZIP PITTSBURGH PA 15220

TITLE ☐ DELETE

NAME AS  
HUDAK, TIMOTHY O  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.  
CITY - ST - ZIP PITTSBURGH PA 15220

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address.

SIGNATURE:

*William Richardson* J. William Richardson 4-17-98 412-937-0600

CR2E034 (10/97)