


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004371
 1. Entity Name
 IHC/JACKSONVILLE CORPORATION



Principal Place of Business 1950 STEMMON FREEWAY SUITE 6001 DALLAS, TX 75207	Mailing Address 1950 STEMMON FREEWAY SUITE 6001 DALLAS, TX 75207
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03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2917361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

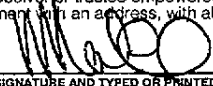
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000126662
 04/23/04-80042-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLEISNER, FREDERICK J 1950 STEMMONS FRWY ST 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOV TENG, TED 1950 STEMMONS FRWY ST 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV SMITH, RICK 1950 STEMMONS FRWY ST 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT HENDRICK, JUDY 1950 STEMMONS FRWY ST 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV CHLOUPEK, MARK 1950 STEMMONS FRWY #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS GOSCH, PHILIP 1950 STEMMONS FRWY #6001 DALLAS, TX 75207

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mark M. Chloupek** 4-2-04 214 863 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #