

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 # F98000001248

1. Corporation Name

FCC FUNDING CORPORATION

Principal Place of Business

C/O 50 NORTH LAURA ST. 3300 BARNETT CTR  
JACKSONVILLE FL 32202

Mailing Address

C/O 50 NORTH LAURA ST. 3300 BARNETT CTR  
JACKSONVILLE FL 32202

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90022 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/04/1998

4. FEI Number

52-2083521

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 the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

CORP/DIRECT AGENTS  
103 NORTH MERIDIAN ST  
LOWER LEVEL  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

RAX CO.

82 Street Address (P.O. Box Number is Not Acceptable)

50 N. Laura Street

83

Suite 3300

84 City

Jacksonville

FL

85 Zip Code

32202

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 Halcyon E. Skinner, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/1999

12. OFFICERS AND DIRECTORS

TITLE PD REGAS, CHRIS L ☐ DELETE

NAME 8826  
STREET ADDRESS 8025 GOODBY'S EXECUTIVE DR  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VSTD YOUNG, GARY L ☐ DELETE

NAME 8826  
STREET ADDRESS 8025 GOODBY'S EXECUTIVE DR  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 8826 Goodby's Executive Dr.  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 8826 Goodby's Executive Dr.  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director

3/26/99

(904) 636-6450

Date

Daytime Phone #

CR2E034 (11/98)