

F98000001548

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: THE INTREPID CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

000002446930--6
-03/04/98--01069--003
***131.25 ***131.25

SUSAN WHITLATCH
(Name of Person)

THE INTREPID CORPORATION
(Firm/Company)

P.O. BOX 4610
(Address)

JACKSONVILLE, FLORIDA 32201-4610
(City/State/Zip)

~~428-4818~~

Should you need to call someone concerning this matter, please call:

SUSAN WHITLATCH at (904) 355-3500
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 18 PM 2:17
3/18



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 4, 1998

SUSAN WHITLATCH
THE INTREPID CORPORATION
PO BOX 4610
JACKSONVILLE, FL 32201-4610

SUBJECT: THE INTREPID CORPORATION
Ref. Number: W98000004818

We have received your document for THE INTREPID CORPORATION and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 598A00011953



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 9, 1998

SUSAN WHITLATCH
THE INTREPID CORPORATION
PO BOX 4610
JACKSONVILLE, FL 32201-4610

SUBJECT: THE INTREPID CORPORATION
Ref. Number: W98000004818

We have received your document for THE INTREPID CORPORATION and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

Adding "of Florida" does not distinguish corporate names in Florida. You may add "of Georgia" to distinguish the name of your corporation. Please correct your resolution by the board of directors and resubmit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 198A00012626

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned T.J. McAFEE, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

THE INTREPID CORPORATION

(Corporate Name)

a corporation duly organized and existing under the laws of the State of GEORGIA,

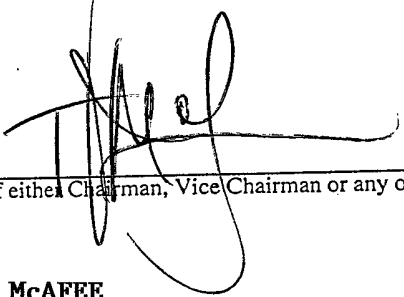
was duly adopted on March 24, 1983.

Be it resolved, that **THE INTREPID CORPORATION**,
(Corporate Name)

organized and existing in the State of GEORGIA, hereby adopts the name

THE INTREPID CORPORATION OF ~~FLORIDA~~ GEORGIA for use in Florida.

Dated: 3/6/98



Signature of either Chairman, Vice Chairman or any officer

T.J. McAFEE

Type or print name

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. **THE INTREPID CORPORATION**

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **GEORGIA**

(State or country under the law of which it is incorporated)

3. **58-1534528**

(FEI number, if applicable)

4. **MARCH 24, 1983**

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING**

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. **P.O. BOX 4610, JACKSONVILLE FLORIDA 32201-4610**

(Current mailing address)

8. **REAL ESTATE INVESTMENT**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: **LINDA WILGOSZ**

Office Address: **325 WEST ADAMS STREET**

JACKSONVILLE

, Florida, **32202**

(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 18 PM 2:17

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: T.J. McAfee

Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

Vice Chairman: _____

Address: _____

Director: T.J. McAfee

Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

Director: LINDA WILGOSZ

Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: T.J. McAfee

Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

Vice President: LAUREN E. HIGGINBOTHAM

Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

Secretary: SUSAN WHITLATCH


Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

VICE PRESIDENT: LINDA WILGOSZ

~~XXXXXXXX~~
Treasurer: _____

Address: 325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Susan Whitlatch - Secretary
(Typed or printed name and capacity of person signing application)

B.: OFFICERS CONTINUED:

VICE PRESIDENT: JEFFERY EVANS
325 WEST ADAMS STREET, JACKSONVILLE, FL 32202

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 980560543
CONTROL NUMBER : 8303602
DATE INC/AUTH/FILED: 03/24/1983
JURISDICTION : GEORGIA
PRINT DATE : 02/25/1998
FORM NUMBER : 211

THE INTREPID CORPORATION
SUSAN WHITLATCH
P O BOX 4610
JACKSONVILLE, FL 322014610

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**THE INTREPID CORPORATION
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis A. Massey

Lewis A. Massey
Secretary of State