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

Mailing Address

JACKSONVILLE FL 32201-4610

PO BOX 4610

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800001548

1. Corporation Name

Principal Place of Business

PO BOX 4610 JACKSONVILLE FL 32201-4610

THE INTREPID CORPORATION OF GEORGIA

SUCCESSION AND SUCCES				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					03/18/1998	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 335 W. Acams St. 26 Suite, Apt #, etc.					58-1534528	Not Applicable
						<b>\$8.75</b> Additional
22/6th + 1000 27					5. Certificate of Status Desired 💢	Fee Required
City & State City & State  City & State  City & State					6. Election Campaign Financing Trust Fand Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country		8. This corporation owes the current year	n Intangible
す さつつ	02 Is U.S.	29 30			Personal Property Tax	[   Yes   [   INo
-1 500	9. Name and Address of Current	1 1.1	1		10. Name and Address of New Registe	red Agent
		J	81	Name		i
WILGOSZ, LINDA						
325 W. ADAMS ST			82	82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202			83			
UNO	CONTRICE TE CEZOE		63			
			84	City		[85] Zip Code
			1	,		FIL
office or re	egistered agent, or both, in the State o	f Florida. Such change was author	rized by:	riamed the corpo	f corporation submits this statement for the purpos paration's board of directors. I hereby ascept the a	e of changing its registered ppointment as registered
agent la	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida 5	Statutes			
SIGNATURE	Signature, typed or printed name of registered agent	and blie if explicable (NOTE Response)	dered April	t signature r	required states from the pr	•
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	CPD	[   DELETE	1.1 Till. F		14966	[   Change   [   Addition
NAME	MCAFEE, T.J.		1.2 NAME			
	325 W. ADAMS ST		13 \$186E1	AFIC CHOICE		
STREET ADDRESS	•••				1,0000278	186414
OTY-ST-ZIP	JACKSONVILLE FL 32202		14 (01) -5	1-71-	ybo -02/26/93	01069=-021
TITLE	VD		2 1 THLF		*****158	J86414 010695-021 <sub>Addition</sub> 75 ****158.75
NAME	WILGOSZ, LINDA		2.2 NAME			
STREET ADDRESS	325 W. ADAMS ST	:	23 STREET	ADDRESS		
C/TY-ST-ZIP	JACKSONVILLE FL 32202		2 4 CITY - S	1.200		_
TITLE	V	["] DELFTE	3 1 THLE			[ + Change
NAME	HIGGINBOTHAM, LAUREN E		3.2 NAME			
STREET ADORESS	325 W. ADAMS ST		33 STREET	ADDRESS	;	
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-S	T-ZiF		
TITLE	S	the second of th	41TILE	• •	30	(Change [   Addition
1	WHITLACH, SUSAN		4 2 NAVE		whitlatch, Susan	
NAME	325 W. ADAMS ST			Anviored		
STREET ADDRESS			435TREE			
CDY-ST-ZIP	JACKSONVILLE FL 32202	the state of the s	4.4 CITY-S	[-ZIF		[ Change [ Addition
TILE	- Change Evans		5.1 TITLE 5.2 NAME			f tousinge - [ Lyggiron
NAME	Vettery Evans					
STREET ADORESS	325 West Adam		53STREE	ADORES5		
CITY-\$T-ZIP	JACKSON VILLE F	( 5dd 0 )	54 OTY-5	1 - 2151		N.
TITLE		[   DELF16	6 F TITLE			TW19 nange T√1/54 tor
NAME			6.2 NAME			- ひんはんじし
STREET ADDRESS		1	63 STREE	ADDRESS	:	2/1
CITY-ST-ZIP		i	64 CITY-S	1-26		
44   horoby o	ertify that the information supplied with	this filing does not qualify for the	exempt	ion stated	ed in Section 119 07(3)(i) Flunda Statutes I furthe	r certify that the information
indicated	on this annual report or supplemental	annual report is true and accurate	and tha	nıy sign	nature shall have the same legal effect as if made	under eath; that I am an

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Stabiles; 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

GNATURE:

STATE OF THE STATE

404-355-3500