

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003919 1. Entity Name INTREPID CAPITAL CORPORATION	
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Principal Place of Business 3652 SOUTH THIRD STREET SUITE 200 JACKSONVILLE BEACH, FL 32250 US	Mailing Address 3652 SOUTH THIRD STREET SUITE 200 JACKSONVILLE BEACH, FL 32250 US
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546446	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C,T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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

(NOTE: Registered Agent signature required when re-filing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRAVIS, FORREST 3652 SOUTH THIRD STREET, SUITE 200 JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVIS, MARK F 3652 SOUTH THIRD STREET, SUITE 200 JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, DONALD C 3652 SOUTH THIRD STREET, SUITE 200 JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: by: DONALD C. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/05 904-246-3423