

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H03668

(1)

1. Corporation Name

BASEBALL JAX INC.

Principal Place of Business

1201 EAST DUVAL  
JACKSONVILLE FL 32202-1817

Mailing Address

1201 EAST DUVAL  
JACKSONVILLE FL 32202-1817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1984

4. FEI Number

59-2443700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BRAGAN, PETER JR  
1201 E DUVAL ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
BRAGAN, PETER SR  
1201 E. DUVAL ST.  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
BRAGAN, PETER JR.  
1201 E. DUVAL ST.  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
BRAGAN, BONITA  
1201 E. DUVAL ST.  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TSD  
BRAGAN, MARY FRANCES  
1201 E. DUVAL ST.  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/98

(904) 358-2846

Daytime Phone # 0030583

CR2E034 (10/97)