

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # H14260 (4)**  
 1. Corporation Name  
**THE PAVILION DEVELOPER, INC.**



Principal Place of Business: **1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE 32 32207 US**  
 Mailing Address: **1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE 32 32207 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**07/27/1984**  
 4. FEI Number  
**59-2757303**  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**GRANGER, HARVEY G.C.**  
**1301 RIVERPLACE BLVD**  
**SUITE 1700**  
**JACKSONVILLE FL 32207**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. INCOME: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>ROWE, ROBERT L. JR.</b>	
STREET ADDRESS	<b>9471 BAYMEADOWS RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>MASON, WILLIAM C.</b>	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>DST</b>	<input type="checkbox"/>
NAME	<b>GRANGER, HARVEY</b>	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>JACKSON, REBECCA B.</b>	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>PERRY, KENNETH C.</b>	
STREET ADDRESS	<b>1325 SAN MARCO BLVD., SUITE 901</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>GREENE, A. HUGH</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CP2E034 (10/97)

THE PAVILION DEVELOPER, INC.

V Thompson, Carol C. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207