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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1999 DOCUMENT # H69383 1. Corporation Name DV PROPERTIES, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90001 047 ***150.00



Principal Place	e of Business		Mailing Address	·			-{		(
C/O W. ROBINS 1515 RIVERSIDE JACKSONVILLE	SON FRAZIER (E AVE. STE A	C/O W. ROBINSON FRAZIER 1515 RIVERSIDE AVE. STE A JACKSONVILLE FL 32204			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	· · ·		,				07/31/1985		
-	lace of Business	2a. Mailing Address				4. FEI Number		lied For	
21 Suite Ant	# oto		Suite, Apt. #, etc.				59-2806292	\$8.75 Ac	Applicable
Suite, Apt.	#, etc.		27				5. Certificate of Status Desired	Fee Req	
City & State			City & State				6. Election Campaign Financing	\$5.00 N	May Be
23			28				Trust Fund Contribution	Added to	
		untry	Zip Country				8. This corporation owes the current year Intang		_
24	25	-1	29 30	0			1 dicental reporty 12/1		□No
	9. Name and A	Idress of Current R	egistered Agent	81	Nan		10. Name and Address of New Registered Ag	ent	
ĖRAZ	ZIER, W. ROBINS		6'	Nan	æ				
	RIVERSIDE AVE	,,		82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
STE A				83				· · · · · · · · · · · · · · · · · · ·	
JACKSONVILLE FL 32		204			L			05 7h C	
				84	City		FL	85 Zip Co	ode
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 char							anging its r	egistered	
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.									stered
SIGNATURE									
Signature, typed or printed					istered Agent signature required			DIDECTOR	20 111 42
12.	PD	OFFICERS AND I	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
NAME	NEWTON, RUSS	ELL B. III		1.2 NAME					
STREET ADDRESS	1515 RIVERSIDE			1.3 STREE	T ADDRE	ss			.
CITY-ST-ZIP	JACKSONVILLE			1.4 CITY-S			,		}
TITLE	VPD	: -	DELETE	2.1 TITLE				Change	Addition
NAME	NEWTON, JAME	S H.		2.2 NAME					ļ
STREET ADDRESS	1515 RIVERSIDE	1 E		2.3 STREE	TADDRE	ss			
CITY-ST-ZIP	JACKSONVILLE	FL		2. 4 CITY-5	ST-ZIP				
TITLE	SD		☐ DELETE	3.1 TITLE			. [_ Change	☐ Addition
NAME	FRAZIER, W. RO			3.2 NAME					
STREET ADDRESS	1515 RIVERSIDE			3.3 STREE		ss		,	
CITY-ST-ZIP	JACKSONVILLE	FL	☐ DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP			7 Change	Addition
TITLE	AST	DADIA	□ DELETE	4.1 111LE			_	7 0,101.90	
NAME STREET ADDRESS	4645 DIVERGIDE AVE #A		4.3 STREE		88				
CITY-ST-ZIP	JACKSONVILLE		*	4.4 CITY-S		~			
TITLE	UNOROOITVILLE	<u> </u>	☐ DELETE	5.1 TITLE	,,- 1,31	+-		Change	Addition
NAME		1		5.2 NAME					
STREET ADDRESS		. 1		5.3 STREE	T ADDRE	SS			j
CITY-ST-ZIP				5.4 CITY+S	T-ZIP				
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:	☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME	* * * * * * * * * * * * * * * * * * * *			6.2 NAME					
STREET ADDRESS	11. 11. 11. 11.			6.3 STREE	TADDRE	3S			

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 redeiver 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 appear with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PEQUIRED SHIP OFFICER OF DIRECTOR

1-6-99

(904)353-5616