

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90030 044 \*\*\*150.00

DOCUMENT # H84723

1. Corporation Name

COMMERCIAL PROPERTIES OF JACKSONVILLE, INC.

Principal Place of Business

3300 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207

Mailing Address

PO BOX 5369  
JACKSONVILLE FL 32247  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1985

4. FEI Number

59-2623216

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MCGHEE, THOMAS R.  
3300 PHILLIPS HWY  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME MCGHEE, THOMAS R.  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME MCGHEE, FRANK S.  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME FISHER, GUY  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME MCGHEE, SUTTON  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JAX FL

TITLE TAS ☐ DELETE

NAME ROGERS, JONATHAN Y  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME MCGHEE, T.R., JR.  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton McGehee  
Sutton McGehee  
4/28/99 (904)348-3300  
Date Daytime Phone #

CR2E034 (1/98)