# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:36

DOCUMENT # **J05082** **(9)**

1. Corporation Name
**GROUP IV PROPERTIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6900 SOUTHPOINT DRIVE. N.~~#520~~<br>JACKSONVILLE FL 32216 | 6900 SOUTHPOINT DRIVE. N.~~#520~~<br>JACKSONVILLE FL 32216 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1986
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2651583 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: Suite 430
Suite, Apt. #, etc. — 27: Suite 430
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SANKERS, GUS
6900 SOUTHPOINT DR., N. ~~STE 230~~
JACKSONVILLE FL 32216

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6900 Southpoint Dr N Suite 430
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 of new registered agent, if applicable — NOTE: Registered Agent signature required when changing

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | T | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HUTCHINSON, MARC C. | 12 NAME | |
| STREET ADDRESS | 2679 MARCEY ROAD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ARLINGTON VA | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PRENTICE, BRYANT, III | 22 NAME | |
| STREET ADDRESS | 47 FAIRLAWN DRIVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | EGGERTSVILLE, NY. | 24 CITY-ST-ZIP | |
| TITLE | P | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SANKERS, GUS | 32 NAME | |
| STREET ADDRESS | 4091 TIMUQUANA ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | FRANSEN, VICTOR R. | 42 NAME | |
| STREET ADDRESS | 837 DOLLEY MADISON BLVD. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MCLEAN VA | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** X _____ 1-13-95 (Date) 904-396-1112 (Daytime Phone)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gus Sankers, President

0018701 CP