


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

FILED

May 01 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|------------------------|---|--------------------------------|
| DOCUMENT # J 18396 (8) | | | |
| 1. Corporation Name HUNTER'S RUN REALTY OF JACKSONVILLE, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 90 RONALD M. STORN 9951 ATLANTIC BLVD SUITE 109 JACKSONVILLE FL 32225 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 6-09-1986 | 6/13/1996 |
| 22 City & State | 27 City & State | 4. FEI Number | Applied For |
| 23 Zip | 28 Zip | 59-2757087 | Not Applicable |
| 24 Country | 29 Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | 30 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| RONALD M. STORN 1373 BEACH AVE ATLANTIC BEACH, FL 32233 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| RONALD M. STORN | 1373 BEACH AVE | | |
| ATLANTIC BEACH FL | | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | | 2.1 TITLE | 2.2 NAME |
| | | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| | | 3.1 TITLE | 3.2 NAME |
| | | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
| 14. I do 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. | | 400002169924 -05/07/97--01093--023 ***165.00 | |
| SIGNATURE: Ronald M. Storn | | Date: 4.14.97 904 249 9819 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone | |
| RONALD M. STORN | | | |

CR2E034 (9/96)