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

Mailing Address

STE 600

118 WEST ADAMS STREET

JACKSONVILLE FL 32202

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **J40465**

1. Corporation Name

Principal Place of Business

118 WEST ADAMS STREET

JACKSONVILLE FL 32202

STE 600

BULLS BAY DEVELOPMENT, INC.

3 Principal Pl	ace of Business	2a Mail	ing Address		_		4. FEI Number		A	pplied For
	ace of Business	26	¬ *				59-2742849		N	lot Applicable
Suite, Apt.	Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
22		27 City	& State		_		6. Election Campaign Financing		\$5.00	May Be
City & State	9	28	a otate				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	y		8. This corporation owes the cur	rent year Inta		_ أ
24	25 29 30						Personal Property Tax.		Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					1	Name				
HIEB, E. ALLEN J.R					Street Address (P.O. Box Number is Not Acceptable)					
1300 GULF LIFE DRIVE					Street Address (1.0. Box Mathios is Not viscopius)					
SUITE 800					3					
JACKSONVILLE FL 32207					-	0.1			85 Zip	Code
					4	City		FL	65 24	Codo
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 applic	able (NOTE: F	Registered Age	ent s	signature required	when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	
TITLE	DP		☐ DELETE	1.1 TITLE			 -		☐ Change	Addition
NAME	SCHULTZ, JOHN R.			1.2 NAME						
STREET ADDRESS	118 W ADAMS ST, STE 600			1.3 STREE	ETA	DORESS				
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-5	ST-2	ZIP				
TITLE	DACKOOTTILLE I'E		☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME				2.2 NAME						
				2.3 STREE	ETA	ADDRESS				
STREET ADDRESS				2.4 CITY-						
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE					Change	- Addition
				3.2 NAME						
NAME				3.3 STREE		ADDRESS				
STREET ADDRESS				3.4. CITY-						
CITY-ST-ZIP			☐ DELETE	4,1 TITLE		· ZIF			☐ Change	Addition
TITLE			- Occesie	4, 2 NAME		ļ				
NAME				4.3 STREE		OODEGG				
STREET ADDRESS										
CITY-ST-ZIP			☐ DELETE	4.4 CITY-		ZIP			☐ Change	e ☐ Addition
TITLE				5.1 MLE 5.2 NAME					_ •	_
NAME				5.3 STREE		ADDRESS				
STREET ADDRESS				5.4 CITY-		1				
CITY-ST-ZIP			DELETE	6.1 TITLE					Change	Addition
TITLE			COECCIE	6.2 NAME						_
NAME				6.3 STREE		ADDRESS				
STREET ADDRESS				6.4 CITY-						
CITY-ST-ZIP	certify that the information supplied wit	h this filing	done not qualify for	the every	otio	n stated in Se	ection 119 07(3)(i) Florida Statutes.	I further ce	tify that the	information
indicated officer or	certify that the information supplied wit on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attac	annual repo ver or truste	ort is true and accur se empowered to ex	rate and thi recute this	rep	my signature port as requir				

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90063 049 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/31/1986