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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J51358

1. Corporation Name
JACKSONVILLE GAMES, INC.

Principal Place of Business
JACKSONVILLE LANDING STE. 167
SUITE 170
JACKSONVILLE FL 32202
US

Mailing Address
JACKSONVILLE LANDING STE. 167
SUITE 170
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1987

4. FEI Number
59-2802930

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

21. 2 E. INDEPENDENT DR.
Suite, Apt. #, etc.

22. JAX LANDING #170
City & State

23. JACKSONVILLE, FL
Zip Country

24. 32202 25. USA

2a. Mailing Address

26. 2 E. INDEPENDENT DR.
Suite, Apt. #, etc.

27. JAX LANDING #170
City & State

28. JACKSONVILLE, FL
Zip Country

29. 32202 30. USA

9. Name and Address of Current Registered Agent

STOECKLEIN, RICHARD W.
275 S 1ST ST., #701
JACKSONVILLE BEACH FL 32250

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 PT
NAME STOECKLEIN, RICHARD W.
STREET ADDRESS JAX LANDING; STE 167
CITY-ST-ZIP JACKSONVILLE FL

TITLE DVS
NAME STOECKLEIN, ELIZABETH B
STREET ADDRESS JAX LANDING; STE 167
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2 E. INDEPENDENT DR. #170
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2 E. INDEPENDENT DR. #170
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98
Date

904-353-4874
Daytime Phone #

CR2E034 (11/98)