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

Mailing Address

DDOCI

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Secretary of State
DOCUMENT # , THE CLARKSON COM	J69900	(5)	

3100 UNIVERSITY BLVD S SUITE 200 JACKSONVILLE FL 32216 US		310	ATTN: GERALDINE G. BROWN 3100 UNIVERSITY BLVD. S., STE, 200 JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1987			
2. Principal P	lace of Business	2a. 1	Mailing Address		-		4. FEI Number	Ā	oplied For	
21		26	kee ii				52-1100398		ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Additional			
22			27				5. Certificate of Status Desired Fee Required			
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be			
23		28	28				Trust Fund Contribution		to Fees	
Zip	Country Zip Cou			Cour	ntry	8. This corporation owes or has paid the current year Intangible				
24	25	29					Personal Property Tax due June 30. Yes No			
		ress of Current Registe	red Agent		'		10. Name and Address of New Registered	Agent		
	IOWN, GERALDINE			ŀ	81	Name			Į	
	00 Un iversity blv	D.			82 Street Address (P.O. Box Number is Not Acceptable)					
	ITE 200			ļ						
JACKSONVILLE FL 32216			83							
				ŀ	64	City		85 Zip	Code	
						·	FL			
11, Pursuant office or r agent. I a	to t ne provisions of Se registered agent, or bo am familiar with, and ac	ctions 607.0502 and 607 th, in the State of Florida copt the obligations of, i	r.1508, Florida Statu - Such change was Section 607.0505, Fl	tes, the ab authorizec orida Statu	ove by des	rnamed corp the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing it pointment as	ts registered registered	
SIGNATURE	Signature typed or printed our	n end registered agons and litteriti	npplicable (NO	lf : Registered	Ager	nt signature requi	ired when reinstating) DATE			
12.		OFFICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR		
TITLE	DC		DELETE	1.5 10	LE			Change	Addition	
NAME	STREET ADDRESS 3100 UNIVERSITY BLVD STE 235 1.3			1.2 NA	1.2 NAME 1.3 STREET AODRESS					
STREET ADDRESS				1.3 ST					li	
CITY-ST-ZIP	JACKSONVILLE	FL 32216		1.4 CiT	Y-\$1	-ZIP				
TITLE	VSD		DELETE	2.1 TiT	·f			Change	Addition	
NAME	CLARKSON, PATRICIA H			2.2 NAJ	ME	Į			-	
STREET ADDRESS				2.3 STF	REE 1 /	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE	FL 32216		2. 4 CI	Y-5	T-ZIP				
TITLE	PTDS		DELETE	3.1 TIT	.E			Change	Addition	
NAME	Clarkson, Roi			3.2 NAI	νE					
STREET ADDRESS	3100 UNIVERSIT			3 3 STF	EET A	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE	<u>FL</u>		3 4. CO	Y-\$	T-ZIP				
TITLE			DELETE	4.1 TIT	F	7		☐ Change	Addition	
NAME				4. 2 NA	ΜĒ					
STREET ADDRESS				4.3 \$16	E £1 /	address				
CITY-ST-ZIP				4.4 CIT	Y-ST	- ZIP				
TITLE			DELETE	5.1 TIT				Change	Addition	
NAME	1			E O MAI	45	1				

CITY-ST-ZIP 14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

■ Addition