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

Mailing Address

4943 ORTEGA FOREST DR

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

FILED

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90009 049 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J75485**

5821 SAN JUAN AVE

Principal Place of Business

SAN JUAN APARTMENTS, INC.

JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32210 US 3. Date Incorporated or Qualifed 06/01/1987 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business - Not Applicable 59-2808817 \$8.75 Additional Suite, Apt. #, etc.  $\Box$ Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State П City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RODDENBERRY, HARRY H JR Street Address (P.O. Box Number is Not Acceptable) 5821 SAN JUAN AVE. JACKSONVILLE FL 32210 83 Zip Code City 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 CR2E034 (11/98) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Addition ☐ Change 12. DELETE 11TITE TITLE 1.2 NAME RODDENBERRY, HARRY H JR NAME 1.3 STREET ADDRESS 4943 ORTEGA FOREST DR STREET ADDRESS 14 CITY-ST-ZIP JACKSONVILLE FL Addition ☐ Change CITY-ST-ZIF ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 2. 4 CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 5.1 TITLE T(T) F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Addition Change CITY-ST-ZIF DELETE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

H. KODOGUBGARY YL.