

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90001 019 \*\*\*150.00

DOCUMENT # J90130 ✓  
1. Corporation Name

DEMETREE-PASCO PROPERTIES, INC.

Principal Place of Business

3740 BEACH BLVD., SUITE #300  
P.O. BOX 47050  
JACKSONVILLE FL 32207

Mailing Address

3740 BEACH BLVD., SUITE #300  
P.O. BOX 47050  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1987

4. FEI Number

59-2869326

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

1 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DEMETREE, JACK C., JR.  
3740 BEACH BLVD.  
SUITE #300  
JACKSONVILLE FL 32207

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	CD	<input type="checkbox"/> DELETE
NAME	DEMETREE, JACK C.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DEMETREE, MARK C.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DEMETREE, JACK C., JR.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEMETREE, CHRISTOPHER C.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNN, M. HARRIS	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCRAMM, FRED C.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE M. HARRIS DUNN

8/10/99

604) 398-7350

CR2E034 (5/99)

**Demetree-Pasco Properties, Inc**

3740 Beach Boulevard, Suite 300

Jacksonville, FL 32207

Phone Number (904) 398-7350

606236-90001-19  
5 90130

August 10, 1999

Florida Department of State

Division of Corporations

Annual Reports Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Demetree-Pasco Properties, Inc.

Ladies and Gentlemen:

This year, we did not receive the First Notice 1999 Corporation Annual Report that we usually receive in February. Please find enclosed the second notice we have completed along with a check for amount due for filing timely. We ask that the late fee be waived.

Thank you for your assistance.

Sincerely,



M. Harris Dunn

Vice President

Enclosures (2)