FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DOCUMENT # 1. Corporation Name

JACKSONVILLE PROPERTIES, INC.

(1)

ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS**

FILED Apr 17 1996 8:00am Secretary of State



Principal Place of Business Mailing Address										***************************************		1961 IIGI 4191 1 U]1841 81811 4 1611 1861
1650 PRUDENTIAL DR. P. O. BOX 1380 JACKSONVILLE FL 32207 JACKSONVILLE FL 3220														
										3. Date incorporated 09/04/198	or Qualified	3a. Date	of Lest ()1/25/	Report 1995
Principal Place of Business The Principal Place of Business The Principal Place of Business					2a. Mailing Address 26					4. FEI Number 59-2844()31			Applied For Not Applicable
Suite, Apt. #, etc. 22				Suite, Apt. ₩, etc. 27					5. Certificate of Statu	ıs Desired			5 Additional Required	
City & State				City & State					6. Election Campaign Trust Fund Contrib	•			00 May Be ed to Fees	
Zip 24	Country 25				Zip Country 30					This corporation h Florida Statutes	Yes	i ∏ No		s 199.032,
	and Address o	Current Re	gist	ered Agent		81	•		10. Name and Addre	ss of New I	Registered A	gent		
ANDERSON DOMAID A								Name						
ANDERSON, RONALD A. 1650 PRUDENTIAL DR.								Street	Address	ss (P.O. Box Number is	Not Acceptal	ole)		
SUITE 400 JACKSONVILLE FL 32207							83							
SACROCITYILLE I E S2207							84	City				FL	85 2	Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or registered agent, or both, in the State of Florida. Such change was authorized by the corporation familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature.]										of directors. I hereby a	ent for the pu pocept the app	rpose of chai pointment as i	nging its registere	registered office id agent. I am
12.	12. OFFICERS AND							13.		ADDITIONS/CHAN	IGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	DP				DELETE	1.11	TLE		1] Change	Addition
NAME	THORNTON, W. L.				1.									
STREET ADDRESS 1650 PRUDENTIAL DR. STE. OITY-ST-74P JACKSONVILLE FL 32207				1.3				ADDRESS						
CITY-ST-ZIP	DV	SOITVILL. I L	32501		DELETE		TY - S	T-ZIP	ļ				Change	Addition
TITLE		EY, R. E.			[] DELETE	2. 1 T						L	1 Change	T1 Yournan
NAME Street address	RAILROAD BLDG.					2.2 N		EET ADORESS						
CITY - ST - ZIP		. JOE FL					1Y - \$							
TITLE	DV				DELETE	3. 1 T		1 - ZII					Change	Addition
NAME		er, S.D.			**	3.2 N						<u>L</u> en		
STREET ADDRESS	1650 PRUDENTIAL DR., STE			. 400			3.3 STREET ADDRES							
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.			TY-S							
TITLE	1				DELETE	4. 1 T] Change	Addition
NAME		Y, C. M				4.2 N	AME							
STREET ADDRESS	1650 PRUDENTIAL DR			4.			4.3 STREET ADDRESS			•				
CITY-ST-ZIP	_	SONVILLE FL	32207			4.4 C	TY-S	T - Z(P	1					
TITLE	S				☐ DELETE	5. 1 T	TLE] Change	Addition
NAME		RSON, R. A.	DD 075 40	.		5.2 N	AME							
STREET ADDRESS	RESS 1650 PRUDENTIAL DR.,STE. JACKSONVILLE FL 32207			400			REET	ADDRESS						
CITY-ST-ZIP	JACK	SUNVILLE FL	32201				1Y - S	1 - Z(P	ļ		 		:	
TITLE					☐ DELETE	6. 1 T	ITLE] Change	Addition
NAME						6.2 N	M.E							
STREET ADDRESS								ADDRESS						İ
CITY-ST-ZIP						6.4 C	1Y-5	1 - ZIP	1					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 ceth; 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 editions.

SIGNATURE: