

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K17548** (4)

1. Corporation Name

INSIGHT PROPERTY GROUP, INC.



Principal Place of Business

**3100 UNIVERSITY BLVD. S.
SUITE 200
JACKSONVILLE FL 32216
US**

Mailing Address

**3100 UNIVERSITY BLVD. S.
SUITE 200
JACKSONVILLE FL 32216
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MONTALVO, DEBBIE H.
3100 UNIVERSITY BLVD. S.
SUITE 200
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
03/03/1988

3a. Date of Last Report
05/01/1995

4. FET Number

59-2877521

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Geraldine G. Brown

82 Street Address (P.O. Box Number is Not Acceptable)

3100 University Blvd. S.

83

Suite 200

84 City

JACKSONVILLE

FL

85 Zip Code

32216

11. Pursuant to the provisions of Sections 607 (b)(2) 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 (b)(2), Florida Statutes.

SIGNATURE

Geraldine G. Brown

Geraldine G. Brown

4/18/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DC
CLARKSON, CHARLES A.
3100 UNIVERSITY BLVD. S. STE 500
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DV
CLARKSON, ROBERT W.
3100 UNIVERSITY BLVD S STE. 200
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
TEDDERS, EMORY
3100 UNIVERSITY BLVD. S. STE 500
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
CLARKSON, ROBERT W.
3100 UNIVERSITY BLVD. S. STE 500
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
CLARKSON, PATRICIA H
3100 UNIVERSITY BLVD. S. STE 500
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.04(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 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 I changed, or on an attachment to, the address.

SIGNATURE:

Robert W. Clarkson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Clarkson 4/18/96 904-354-0045
Typed Name

CR2E034 (12/95)