

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1988

3a. Date of Last Report

04/27/1996

4. FEI Number

59-2877521

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 see attached
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROWN, GERALDINE G
3100 UNIVERSITY BLVD. S
SUITE 200
JACKSONVILLE FL 32216

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 DC
NAME CLARKSON, CHARLES A.
STREET ADDRESS 3100 UNIVERSITY BLVD. S. STE 500
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DV
NAME CLARKSON, ROBERT W.
STREET ADDRESS 3100 UNIVERSITY BLVD S STE. 200
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE PD
NAME TEDDERS, EMORY
STREET ADDRESS 3100 UNIVERSITY BLVD. S. STE 500
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE T
NAME CLARKSON, ROBERT W.
STREET ADDRESS 3100 UNIVERSITY BLVD. S. STE 500
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE S
NAME CLARKSON, PATRICIA H
STREET ADDRESS 3100 UNIVERSITY BLVD. S. STE 500
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002270052--8
-08/18/97--01123--008
***165.00 ***165.00

27 8/18

14. I do 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.

CR2E034 (4/97)