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

05-17-1999 90072 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K17548

(4)

1. Corporation Name

INSIGHT PROPERTY GROUP

Principal Place of Business

3100 University Blvd. S.
Suite 200
Jacksonville, FL 32216
US

Mailing Address

Attn: Geraldine G. Brown
3100 University Blvd. S
Suite 200
Jacksonville FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1988

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

BROWN, GERALDINE G
3100 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL32216

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	TEDDARS, EMORY	
STREET ADDRESS	3100 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARKSON, ROBERT W.	
1.3 STREET ADDRESS	3100 UNIVERSITY BLVD. S., STE 200	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARKSON, CHARLES A.	
2.3 STREET ADDRESS	3100 UNIVERSITY BLVD. S. STE 200	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	
3.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLARKSON, PATRICIA H.	
3.3 STREET ADDRESS	3100 UNIVERSITY BLVD. S. STE 200	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	
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, with all other like empowered.

SIGNATURE

Patricia H. Clarkson

Patricia H. Clarkson

4/30/99

904-359-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)