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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K18715** **(8)**

1. Corporation Name
ARGYLE BAYPOINTE ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 56350
JACKSONVILLE FL 32241-6350

Mailing Address
P.O. BOX 56350
JACKSONVILLE FL 32241-6350

3. Date Incorporated or Qualified: **03/22/1988**	3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2882548**	☐ 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	

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 8917 WESTERN WAY
27 Suite, Apt. #, etc. #6
28 City & State JACKSONVILLE
29 Zip 32256 | 30 Country

9. Name and Address of Current Registered Agent
MCGRIFF, W A III
4190 BELFORT RD
SUITE 475
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
61 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 (If changing Registered Agent, Registered Agent must sign) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MCGRIFF, W. A. III STREET ADDRESS: 4190 BELFORT RD, SUTIE 475 CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ST NAME: MCGRIFF, W. A. III STREET ADDRESS: 4190 BELFORT RD., SUITE 475 CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: CONN, JEFFREY A. STREET ADDRESS: 8917 WESTERN WAY, SUITE 6 CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VAS NAME: KELLY, PAMELA H. STREET ADDRESS: 3114 MERLIN DRIVE NORTH CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: Jeffrey A. Conn 3-17-97 (904) 363-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #