## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997			Secretary of State			
DOCUN 1. Corporation	MENT # K		(4)	1744			
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Principal Place	a of Business		Mailing Address			// <b>                                    </b>	8) <b>8</b> 41 1881
1301 GULF LIFE DRIVE 1301 GILF LIFE DRIVE 2600 GULF LIFE TOWER 2600 GULF LIFE TOWER							
ACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8047 US					3. Date Incorporated or Qualified   3a. Date of Last Report		
					11/15/1988	02/19/1996	
2. Principal Pr 21] 1301	and of Business Riverplace B	$1$ vđ. $\frac{2}{26}$	a. Mailing Address 1301 Riverp	lace Blvd.	4. FEI Number 59-2918783	<del> </del>	oplied For ot Applicable
Suite, Apt	#, etc. <b>≥ 2600</b>		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75	Additional
City & State		27	City & State		6. Election Campaign Financing	Fee Re \$5.00	
Jacks	sonville, FL	28	Jacksonvill	e, FT.	Trust Fund Contribution	Added t	to Fees
		uval 29	1	30 Duyal	<ol> <li>This corporation has liability to Florida Statutes</li> </ol>	rintangible tax under s. Yes 🔲 No	. 199.032,
		ess of Current Reg	istered Agent	81 Name	10. Name and Address of New P	egistered Agent	
	row, Jefferson <del>I gulf Life Tow</del> ei		2666		ROW TEFFERSON W. Address (P.O. Box Number is Not Accepta		
	GULF LIFE DRIVE		JERPLACE B	1201	Address (P.O. Box Number is Not Accepta Riverplace Boulevard	ible)	
	KSONVILLE FL 3220	)7	or white D	.   63	ce 2600		
				B4 City	JE 2000	<b>85</b> Zip (	Code
11. Pursuant l	to the provisions of Sec	ctions 607 0502 and	607 1508 Florida Statut	Jack	corporation submits this statement for the	FL 322	207
office or n	edistored agent, or bol	th, in the State of Flo	rida Such change was a of, Section 607.0505, Flo	athorized by the core	oration's board of directors. I hereby according	pt the appointment as	registered
SIGNATURE	The little string control con	work the obligations	GI, GGGIGI, GGY, GGG, FIC			and the state of	
12.		nural registered agent and to OFFICERS AND DIR	ille if applicable, : (NOT)	Registered Agent signature :	required when reinstating X1.  ADDITIONS/CHANGES TO OFF	DATE THE STORE OF	S IN 12
1-1Lf	D	CHITCHIO PAREZ DIN	DELETE	1.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
NAME	DAVID, RAYMOND			1.2 NAME			
STREET ADDRESS	2501 GULF LIFE 1			1.3 STREET ADDRESS			
C-TY-SY-ZIP	JACKSONVILLE F	L	DELETE	1.4 CITY - ST - ZIP			T cadition
NAME	i d Morrow, Jeffei	Deun M	DELLETE	2.1 TITLE 2.2 NAME		Change	L Addition
STREET ADDRESS	2501 GULF LIFE 1			2.3 STREET ADDRESS			
CITY - ST - ZiP	JACKSONVILLE FI			2 4 CITY-ST-ZIP	•		
TITLE			DELETE	3 1 TITLE		Change	Addition
NAV:				32 NAME			
STPELL ADDRESS				3.3 STREET ADDRESS			
CHY-SU ZIE T-ILE			DELETE	3.4. CITY - ST - ZIP		☐ Change	Addition
NAME				4. 2 NAME			
STREET ADDRESS.				43 STREET ADDRESS			
C-TY - S1 - ZIP				4.4 CITY - ST - ZIP		,	
TICLE			C DELETE	5.1 TITLE		L Change	Addition
NAM(				5.2 NAME			
STREEL ALORESS   CITY - S.L. Zie				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	·.		
10.F			☐ DELETE	61 TITLE		Change	Addition
NAV:	}			6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
City-St-Zii	l			64 CITY-ST-ZIP		Treat to the second	
informatio Lani an o	on indicated on this ani dicer or director of the	hual report or supple cognition or the re	this uling does not qualit emental annual report is t eceiver or trustee empor n attachment with an add	rue and accurate and ere0 to execute this re	ated in Section 119.07(3)(i), Florida Statul that my signature shall have the same leg eport as required by Chapter 607, Florida	es. I turther certify that jal effect as if made un- Statutes; and that my r	une der oath; that name

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR iefferenn, orrow

**FILED** 

Apr 21 1997 8:00am

(904) 399-5626

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