

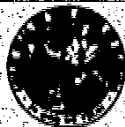
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K53715

(4)

1. Corporation Name

SOUTHPOINT BUILDING COMPANY

Principal Place of Business

Mailing Address

9540 SAN JOSE BLVD.
P.O. BOX 23627
JACKSONVILLE FL 32241

9540 SAN JOSE BLVD.
P.O. BOX 23627
JACKSONVILLE FL 32241-627
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

58-2933384

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 has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, DAVID M.
1000 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207

81 Name

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

1300 Riverplace Blvd.

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLAVIN, THOMAS M
STREET ADDRESS	9500 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	STOOPS, SHARON R
STREET ADDRESS	9500 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	LUKE, J.C.
STREET ADDRESS	9540 STATE ROAD 13
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	FOSTER, DAVID M
STREET ADDRESS	1300 GULF LIFE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	PEYTON, HERBERT
STREET ADDRESS	9540 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	SMITH, P. JEREMY JR
STREET ADDRESS	9540 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL

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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with new address.

SIGNATURE:

Thomas M. Glavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS M. GLAVIN

4-11-95

737-7220