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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K53715**
1. Corporation Name
SOUTHPOINT BUILDING COMPANY

(4)



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9540 SAN JOSE BLVD.
P.O. BOX 23627
JACKSONVILLE FL 32241**

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

3. Date Incorporated or Qualified
12/27/1988

4. FEI Number
59-2933394

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 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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**FOSTER, DAVID M.
1300 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 | T | NAME | ZEMANEK, LOUIS | STREET ADDRESS | 9500 SAN JOSE BLVD | CITY-ST-ZIP | JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE | V | NAME | STOOPS, SHARON R | STREET ADDRESS | 9500 SAN JOSE BLVD | CITY-ST-ZIP | JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE | D | NAME | LUKE, J.C. | STREET ADDRESS | 9540 STATE ROAD 13 | CITY-ST-ZIP | JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE | D | NAME | FOSTER, DAVID M | STREET ADDRESS | 1300 GULF LIFE BLVD | CITY-ST-ZIP | JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE | D | NAME | PEYTON, HERBERT | STREET ADDRESS | 9540 SAN JOSE BLVD | CITY-ST-ZIP | JACKSONVILLE FL | <input type="checkbox"/> DELETE |
| TITLE | S | NAME | SMITH, P. JEREMY JR | STREET ADDRESS | 9540 SAN JOSE BLVD | CITY-ST-ZIP | JACKSONVILLE FL | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | | | |
|-----------|---|----------|------------------|--------------------|--------------------|-----------------|------------------|--|
| 1.1 TITLE | P | 1.2 NAME | Thomas M. Glavin | 1.3 STREET ADDRESS | 9540 San Jose Blvd | 1.4 CITY-ST-ZIP | Jacksonville, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | | 2.2 NAME | | 2.3 STREET ADDRESS | | 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | 3.2 NAME | | 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | 4.2 NAME | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | 5.2 NAME | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | | 6.2 NAME | | 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

Thomas M. Glavin Thomas M. Glavin 3/30/98 904-448-3033

CR2E034 (10/97)