

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # **K85563**

(0)

1. Corporation Name

MOULTRIE SQUARE CENTER, INC.



Principal Place of Business

**C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202**

Mailing Address

**C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202-3517**

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

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2946363

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

9. Name and Address of Current Registered Agent

**WHITMIRE, G. W., JR.
200 NORTH LAURA STREET
10TH FLOOR
JACKSONVILLE FL 32202**

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 of person performing service of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	WHITMIRE, G W J	200 LAURA ST	JACKSONVILLE FL	<input type="checkbox"/>
D	ROBISON, ELIZABETH W.	200 LAURA ST.	JACKSONVILLE FL	<input type="checkbox"/>
D	PETERSEN, JULIE W.	200 LAURA ST.	JACKSONVILLE FL	<input type="checkbox"/>
VP	O STENN, W L	200 LAURA ST 10TH FL	JACKSONVILLE FL	<input type="checkbox"/>
ST	EADIE, ANN M	200 LAURA ST 10TH FL	JACKSONVILLE FL	<input type="checkbox"/>
AS	STONE, JULITH W	200 LAURA ST 10TH FL	JACKSONVILLE FL	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11	12	13	14	<input type="checkbox"/>	<input type="checkbox"/>
21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>
31	32	33	34	<input type="checkbox"/>	<input type="checkbox"/>
41	42	43	44	<input type="checkbox"/>	<input type="checkbox"/>
51	52	53	54	<input type="checkbox"/>	<input type="checkbox"/>
61	62	63	64	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

4/28/97

(904) 359-0066

CR2E034 (9/96)