

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K85563** (0)
1. Corporation Name
MOULTRIE SQUARE CENTER, INC.

Principal Place of Business Mailing Address
C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
05/02/1989
4. FEI Number **59-2946363** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **DP** ☐ DELETE
NAME **WHITMIRE, G. W. J.**
STREET ADDRESS **200 LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **D** ☐ DELETE
NAME **ROBISON, ELIZABETH W.**
STREET ADDRESS **200 LAURA ST.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **D** ☐ DELETE
NAME **PETERSEN, JULIE W.**
STREET ADDRESS **200 LAURA ST.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **VP** ☐ DELETE
NAME **O STENN, W L**
STREET ADDRESS **200 LAURA ST 10TH FL**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **ST** ☐ DELETE
NAME **EADIE, ANN M**
STREET ADDRESS **200 LAURA ST 10TH FL**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **AS** ☐ DELETE
NAME **STONE, JULITH W**
STREET ADDRESS **200 LAURA ST 10TH FL**
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 **Winkler, Ann M**
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 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 *Ann M Winkler* 3/18/98 (90A) 399-0066

CR2E034 (10/97)