

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

003245

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90038 048 ***150.00

DOCUMENT # K85563

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

DO NOT WRITE IN THIS SPACE

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip Country

23

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

29

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | WHITMIRE, G W J | |
| STREET ADDRESS | 200 LAURA ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROBISON, ELIZABETH W. | |
| STREET ADDRESS | 200 LAURA ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PETERSEN, JULIE W. | |
| STREET ADDRESS | 200 LAURA ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | O STENN, W L | |
| STREET ADDRESS | 200 LAURA ST 10TH FL | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | WINKER, ANN | |
| STREET ADDRESS | 200 LAURA ST 10TH FL | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | AS | <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)