

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # K93457 1. Entity Name JGCC PROPERTIES, INC.	
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Principal Place of Business 1200 RIVER PLACE BLVD SUITE JACKSONVILLE, FL 32207 US	Mailing Address 1200 RIVER PLACE BLVD SUITE JACKSONVILLE, FL 32207 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRANKLIN, JR., BEN T. 903 RIVER OAKS RD JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when consolidating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000111330 04/13/04-80012-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DOUGLAS, G. BRUCE 814 HWY A1A N STE 201 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT FRANKLIN, BEN T. JR. 903 RIVER OAKS RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **4-1204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #