## 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

**DOCUMENT # L01773** 

(5)

AS HOLDING OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 1650 PRUDENTIAL DRIVE, SUITE 100 1650 PRUDENTIAL DRIVE. SUITE 100 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8148 3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1989 07/08/1996 2. Principa: Place of Business 2a, Mailing Address 4, FEI Number Applied For NOT APPLICABLE 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SISK. JOHN K 1650 PRUDENTIAL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 63 84 City 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. Lam lamiliar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature: type of our united name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. 12. DELETE Change Addition THE 1.1 TITLE SISK, JOHN K 1.2 NAME NAME 1650 PRUDENTIAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 1.4 CITY-ST-ZIP C-19 - ST - 26P ☐ DELETE ☐ Change ☐ Addition 11118 21 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CHY-ST 2 4 CITY-ST-ZIP DELETE ... Change Addition Till.E 3.1 TITLE 3.2 NAME NAME

14. I do he city 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 cath; that I am an officer or director of the 1 proporation 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 inchanged, or on a statechner with an address

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

62 NAME

SIGNATURE:

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CITY - \$1 - 26

CHY-ST

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NAME

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NAME.

MO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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DELETE

4/25/97 (904)399-350

**FILED** 

May 07 1997 8:00am

Secretary of State

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