

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **L40124**

1. Corporation Name
FORCE FINANCIAL CORP.

Principal Place of Business

C/O JAMES W. CATER, JR.
111 RIVERSIDE AVENUE, SUITE 320
JACKSONVILLE FL 32202

Mailing Address

C/O JAMES W. CATER, JR.
111 RIVERSIDE AVENUE, SUITE 320
JACKSONVILLE FL 32202

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90224 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1989

4. FEI Number

59-2992929

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 **4250 LAKESIDE DR.**

Suite, Apt. #, etc.

22 **SUITE 212**

City & State

23 **JACKSONVILLE FL**

Zip

24 **32210**

Country

25 **DUVAL**

2a. Mailing Address

26 **4250 LAKESIDE DR.**

Suite, Apt. #, etc.

27 **SUITE 212**

City & State

28 **JACKSONVILLE FL**

Zip

29 **32210**

Country

30 **DUVAL**

9. Name and Address of Current Registered Agent

CATER, JAMES W., JR.
111 RIVERSIDE AVENUE, SUITE 320
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4250 LAKESIDE DR. SUITE 212

83

84 City

JACKSONVILLE

85 FL

Zip Code

32210

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 **D** ☐ DELETE

NAME **CATER, JR., JAMES W.**
STREET ADDRESS **111 RIVERSIDE AVE #320**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4250 LAKESIDE DR. SUITE 212
JACKSONVILLE FL 32210

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

JAMES W. CATER JR

4-20-99

904-381-0421

Date

Daytime Phone #

CR2E034 (1/98)