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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L80491** (8)
1. Corporation Name
JACKSONVILLE STAGE SERVICES, INC.



Principal Place of Business
**3140 GREEN ARBOR PL
3230 GREENHOLLY DRIVE W.
JAX FL 32211
US**

Mailing Address
**P.O. BX 8005
JAX FL 32239-0005
US**

2. Principal Place of Business

21 **3610 River Hall Drive**

Suite, Apt. #, etc.

22 City & State

23 **Jacksonville, FL**

Zip

24 **32217**

Country

25 **Duval**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29 **32217**

Country

30

3. Date Incorporated or Qualified

06/14/1990

3a. Date of Last Report

08/07/1996

4. FEI Number

59-2997527

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PETTEGREW, JOHNNY
3140 GREEN ARBOR PLACE
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81 Name

Saul Lucio

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

2157 Brighton Bay Trail

83

84 City

Jacksonville

FL

85 Zip Code

32246

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** ☒ DELETE

NAME **PETTEGREW, JOHNNY**
STREET ADDRESS **3140 GREEN ARBOR PLACE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE

NAME **RENGSTL, WILLIAM B**
STREET ADDRESS **3500 UNIV BLVD, N, STE 1008**
CITY-ST-ZIP **JAX FL**

TITLE **T** ☐ DELETE

NAME **KLEMMT, ROSEMARY G**
STREET ADDRESS **3610 RIVER HALL DRIVE**
CITY-ST-ZIP **JAX FL**

TITLE **DS** ☐ DELETE

NAME **LUCIO, SAUL**
STREET ADDRESS **333 JACKSON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

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

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

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 do 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: **ROSEMARY G. KLEMMT** 2/23/97 (904) 737-7009

CR2E034 (9/96)