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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M07082

LODESTAR TOWER JACKSONVILLE, INC.

218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469 US		218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469 US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu 10/29/1984	alifed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	4. FEI Number Applie		Applied For	
21		26		59-2458286		1	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desi	red 🗆	• -	Additional		
22		27		J. Certificate of Status Desi		Fee f	Required		
City & State		City & State		6. Election Campaign Final	ncing	\$5.00	May Be		
23		28		Trust Fund Contribution		Added	d to Fees		
Zip	Country Zip Cou		Country	V. This deliperation of the control					
24	25	29 30	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered A	Agent		
_ CIDE	C PONALD I		81	Name	DICKIE PAUL	A .			
	S, RONALD L.		82 Street Add		DICKIE PAUL ddress (P.O. Box Number is Not A 18 U.S. HWY #	çceptable)		_	
18870 PAINTED LEAF COURT				<i>á</i>	18 U.S. HWY #	<u> [[54] 7</u>	<u>- E 30</u>	20	
JUPI	TER FL 33458		83	}	/			1	
			84	City		FL	85 Zip	Code	
				<u> </u>	Equesta	<u> </u>		33469	
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 DATE									
SIGNATURE	What	L A. DICKIE	_ 4/28/	199					
	Signature, typed or printed name of registered agent		gistered Age	nt signature rec	quired when reinstating) ADDITIONS/CHANGES T	DATE	D DIDECT	TOPS IN 12	
12.	OFFICERS AND	DIRECTORS	13.		D/P	O OFFICERS AN	TH Change		
TITLE	D/C	☐ bereie	1.1 TITLE	i	D/P			,	
NAME	DICKIE, PAUL A.		1.2 NAME	-	DICKIE, PHUL A.	SUITE !	200	į	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		1.3 STREE	TADDRESS	DICKIE PAUL A. 218 U.S. HWY # 1 TEQUESTA FL	של אוניים	500		
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY- 8	T- ZIP	TEQUESTA FL	<u>33469</u>	<u></u>	e 🖬 Addition	
TITLE	D	₩ DELETE	2.1 TITLE	İ	V		Change	3 LL-Addition	
NAME	WILSON, JAMES G.		2.2 NAME		SCOTT, PAUL W				
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		2.3 STREE	T ADDRESS	218 U.S. HWY #1	SUITE 3	300	1	
CITY-ST-ZIP	TEQUESTA FL 33469		2.4 CITY-	ST-ZIP	SCOTT, PAUL W 218 U.S. HWY#1 TEQUESTA FL	<u>. 3346</u>	7		
TITLE	D/S	S DELETE 3.11			DIT		Dehange	e	
NAME	BYRNE, THOMAS F.		3.2 NAME		MCGEE NANCY	E.			
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	SUITE 300		STREET ADDRESS 218 U.S. HWY		1 SUITE	300		
CITY-ST-ZIP	TEQUESTA FL 33469 _		3.4. CITY-	ST-ZIP	218 U.S. HWY # TEQUESTA FL	3346	9		
TITLE	D/P	□ DELETE	4.1 TITLE				Change	e	
NAME	GIBBS, RONALD L.		4. 2 NAME					i	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	TEQUESTA FL 33469		4.4 CITY-S	T-ZIP					
TITLE	T	☐ DELETE	5.1 TITLE				Change	e Addition	
NAME	MCGEE, NANCY E		5.2 NAME						
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		5.3 STREE	T ADDRESS					
CITY-ST-ZIP	TEQUESTA FL 33469		5.4 CITY- 9	ST-ZIP					
TITLE	D/V	☐ DELETE	6.1 TITLE				Change	e 🗌 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 suppliemental 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

PATTON, GEORGE E.

TEQUESTA FL 33469

218 U.S. HWY #1 SUITE 300

AND OFFICER OR DIRECTOR PRESIDENT

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90155 041 ***150.00