

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AND WILL BE REINSTATED ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N13061

(9)

1. Corporation Name

INROADS/JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

% VERDUN P. WOODS, JR.
6 EAST BAY, SUITE 350
JACKSONVILLE FL 32202

% VERDUN P. WOODS, JR.
6 EAST BAY, SUITE 350
JACKSONVILLE FL 32202

97 AUG 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1986

3a. Date of Last Report
06/18/1996

4. FEI Number

43-1381661

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME MITCHELL, JOHN A
STREET ADDRESS 225 WATER ST 11TH FLOOR
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE VP Customer Serv. Off.
1.2 NAME McDaid, Melody C.
1.3 STREET ADDRESS P. O. Box 4579
1.4 CITY-ST-ZIP Jacksonville, FL 32281

☐ Change ☒ Addition

TITLE VD
NAME GILES, JOHN
STREET ADDRESS 500 WATER ST.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE VP & CIO
2.2 NAME Tomka, John W.
2.3 STREET ADDRESS 5-3-072 3000 Baymeadows Way
2.4 CITY-ST-ZIP Jacksonville, FL 32256

☐ Change ☒ Addition

TITLE D
NAME KERINS, PAUL T
STREET ADDRESS 100 LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CD
NAME DAVIS, A DANO
STREET ADDRESS 5050 EDGEWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MD
NAME WOODS, VERDUN P JR.
STREET ADDRESS 6 EAST BAY, SUITE 350
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KUNKLE, GARY
STREET ADDRESS PO BOX 10157 N/A
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Verdun P. Woods* SIGNATURE REQUIRED: *Verdun P. Woods*

7-24-97

(904) 358-3930

CR2E037 (4/97)