

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date incorporated or Qualified

01/20/1986

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

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 ***61.25

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

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

☐ DELETE

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

☒ DELETE

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

☒ DELETE

TITLE VPCS
NAME MCDAID, MELODY C
STREET ADDRESS P.O. BOX 4579 (N/A)
CITY-ST-ZIP JACKSONVILLE FL 32231

☒ DELETE

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

☐ DELETE

TITLE VCIO
NAME TOMKA, JOHN W
STREET ADDRESS 5-3-072 3000 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Mitchell, John A.
1.3 STREET ADDRESS 225 Water St., 11th Floor
1.4 CITY-ST-ZIP Jacksonville, FL 32202

☒ Change ☐ Addition

2.1 TITLE CD
2.2 NAME David G. Graham
2.3 STREET ADDRESS 6420 Southpoint Pkwy.
2.4 CITY-ST-ZIP Jacksonville, FL 32201

☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Jerome P. LaReau
3.3 STREET ADDRESS 6061 BF Goodrich Blvd.
3.4 CITY-ST-ZIP Jacksonville, FL 32226

☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME Bridget D. Carter
4.3 STREET ADDRESS 6 E. Bay Street, Ste. 350
4.4 CITY-ST-ZIP Jacksonville, FL 32202

☐ Change ☒ Addition

5.1 TITLE P
5.2 NAME Verdun P. Woods, Jr.
5.3 STREET ADDRESS 6 E. Bay Street Ste. 350
5.4 CITY-ST-ZIP Jacksonville, FL 32202

☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME James W. Milligan
6.3 STREET ADDRESS 661 Riverside Ave.
6.4 CITY-ST-ZIP Jacksonville, FL 32204

☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Verdun P. Woods*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/98 (904) 338-3930

Date

Daytime Phone #

FILED

Sep 22 1998 8:00am

Secretary of State



CR2E037 (5/98)