

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90019 015 ****70.00

DOCUMENT # N13061

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

c/o Ms. Patsy A.W. Phillips



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address INROADS, INC.

26 10 South Broadway

Suite, Apt. #, etc.

27 Suite 700

City & State

28 St. Louis, MO

Zip

29 63102

Country

30 USA

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

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D
NAME MITCHELL, JOHN A
STREET ADDRESS 225 WATER ST 11TH FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE CD
NAME GRAHAM, DAVID G
STREET ADDRESS 6420 SOUTHPOINT PKWY.
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE D
NAME LAREAU, JEROME
STREET ADDRESS 6061 BF GOODRICH BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE T
NAME CARTER, BRIDGET D
STREET ADDRESS 6 E. BAY STREET, STE 350
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE P
NAME WOODS, VERDUN P JR.
STREET ADDRESS 6 E. BAY STREET, STE 350
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D
NAME MILLIGAN, JAMES W
STREET ADDRESS 661 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE President & CEO
4.2 NAME Charles I. Story
4.3 STREET ADDRESS 315 Deaderick St., Ste. 1240
4.4 CITY-ST-ZIP Nashville, TN 37238

5.1 TITLE Executive Vice President
5.2 NAME Otis A. Jackson
5.3 STREET ADDRESS 10 South Broadway, Suite 700
5.4 CITY-ST-ZIP St. Louis, MO 63102

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Executive Vice President 3/22/99 (314) 241-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)