

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE 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

FILED
Aug 27 1997 8:00am
Secretary of State

DOCUMENT # N20446 (3)

1. Corporation Name

THE JACKSONVILLE LANDING MERCHANTS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

% PAUL C. FICKINGER
2 INDEPENDENT DRIVE
JACKSONVILLE FL 32202

% PAUL C. FICKINGER
2 INDEPENDENT DRIVE
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1987

3a. Date of Last Report

04/16/1996

4. FEI Number

59-2819292

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FICKINGER, PAUL C.
THE JACKSONVILLE LANDING MERCHANTS ASSN.
2 INDEPENDENT DRIVE, SUITE 250
JACKSONVILLE FL 32202

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 DVS
NAME FICKINGER, PAUL C.
STREET ADDRESS 2 INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME ROBINSON, VICKI
STREET ADDRESS 2 INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D
NAME COLLINS, ROXANNE
STREET ADDRESS 2 INDEPENDENT DR
CITY-ST-ZIP JAX FL

TITLE D
NAME Roxanne Collins
STREET ADDRESS 2 Independent Dr. Suite 116
CITY-ST-ZIP Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Vicki Robinson (same)
1.3 STREET ADDRESS 2 Independent Dr. Suite 210
1.4 CITY-ST-ZIP Jacksonville, FL 32202

2.1 TITLE Director
2.2 NAME Roxanne Buckland
2.3 STREET ADDRESS 2 Independent Dr. Suite 116
2.4 CITY-ST-ZIP Jacksonville, FL 32202

3.1 TITLE Bob Freeman
3.2 NAME Director
3.3 STREET ADDRESS 2 Independent Dr. Suite 174
3.4 CITY-ST-ZIP Jacksonville, FL 32202

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

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

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

SIGNATURE

SIGNATURE REQUIRED

8-1-97

CR2E037 (4/97)