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FILED

Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20446** (3)

1. Corporation Name

**THE JACKSONVILLE LANDING MERCHANTS ASSOCIATION, INC.**

Principal Place of Business

% **PAUL C. FICKINGER**  
2 INDEPENDENT DRIVE  
JACKSONVILLE FL 32202

Mailing Address

% **PAUL C. FICKINGER**  
2 INDEPENDENT DRIVE  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

**05/01/1987**

4. FEI Number

**59-2819292**

Applied For

Not Applicable

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

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

9. Name and Address of Current Registered Agent

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

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

*John E. Kiddy*  
Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D President** ☐ DELETE  
NAME **BUCKLAND, ROXANNE**  
STREET ADDRESS **2 INDEPENDENT DR, SUITE 116**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **ROBINSON, WICKI**  
STREET ADDRESS **2 INDEPENDENT DR, SPACE 210**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **FREEMAN, BOB**  
STREET ADDRESS **2 INDEPENDENT DR, SUITE 174**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☐ Addition  
1.2 NAME **Buckland, Roxanne**  
1.3 STREET ADDRESS **2 Independent Dr, # 116**  
1.4 CITY-ST-ZIP **D Jacksonville, FL 32202**

2.1 TITLE **Secretary** ☒ Change ☐ Addition  
2.2 NAME **John E. Kiddy**  
2.3 STREET ADDRESS **2 Independent Dr, Space 250**  
2.4 CITY-ST-ZIP **D Jacksonville, FL 32202**

3.1 TITLE **Treasurer** ☐ Change ☐ Addition  
3.2 NAME **Michael Hurley**  
3.3 STREET ADDRESS **2 Independent Drive Space 250**  
3.4 CITY-ST-ZIP **D Jacksonville, FL 32202**

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

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

6.1 TITLE ☐ Change ☐ Addition  
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)(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:

*John E. Kiddy*  
REQUIRED

2/18/98

904-353-1188  
EX. 7011

CR2E037 (1097)