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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90085 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20446

1. Corporation Name

THE JACKSONVILLE LANDING MERCHANTS ASSOCIATION, INC.

Principal Place of Business

JOHN KIDDY
 2 INDEPENDENT DRIVE
 JACKSONVILLE FL 32202
 US

Mailing Address

JOHN KIDDY
 2 INDEPENDENT DRIVE
 JACKSONVILLE FL 32202
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/01/1987

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

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

JOHN E KIDDY
 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, Sections 617.0503, Florida Statutes.

SIGNATURE

Vicki L. Robinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE **D** **P** ☒ DELETE

NAME **BUCKLAND, ROXANNE**
 STREET ADDRESS **2 INDEPENDENT DR SUITE 118 D**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** **SD** ☐ DELETE

NAME **KIDDY, JOHN E**
 STREET ADDRESS **2 INDEPENDENT DR SPACE 250**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** **TD** ☒ DELETE

NAME **HURLEY, MICHAEL**
 STREET ADDRESS **2 INDEPENDENT DRIVE SPACE 250**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **P** ☐ DELETE

NAME **Vicki Robinson**
 STREET ADDRESS **2 Independent Dr. Space 210**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **P** ☐ DELETE

NAME **Treasure Vera E. Tripp**
 STREET ADDRESS **2 Independent Dr.**
 CITY-ST-ZIP **Jacksonville, FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **President Vicki Robinson**
 1.3 STREET ADDRESS **2 Independent Dr. Suite 210**
 1.4 CITY-ST-ZIP **Jacksonville, FL 32202**

2.1 TITLE **SD** ☐ Change ☐ Addition

2.2 NAME **Same**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **Treasure Vera E. Tripp**
 3.3 STREET ADDRESS **2 Independent Dr**
 3.4 CITY-ST-ZIP **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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-99

CR2E037 (1/198)