FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1998 8:00 am
Secretary of State

DOCUMENT # N32109 (3)

1. Corporation Name

THE TRAFFIC CLUB OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
PO BOX 9147 JACKSONVILLE FL 32208	PO BOX 9147 JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: 05/04/1989

4. FEI Number: 59-6152371 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

VALARIE S BRANNON
1832 E BEAVER ST
JACKSONVILLE FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VALARIE S BRANNON		1.2 NAME		
STREET ADDRESS	1832 E BEAVER ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	President	☐ Change ☒ Addition
NAME	JAMES E DENNARD		2.2 NAME	William Schultz	
STREET ADDRESS	RT 5 BOX 404 N/A		2.3 STREET ADDRESS	3404 Clifford Lane	
CITY-ST-ZIP	CALLAHAN FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	V	☒ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BOSMAN, ROBERT A		3.2 NAME	Jay Folladori	
STREET ADDRESS	8221 BIS RD		3.3 STREET ADDRESS	4057 Carmichael Ave	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V	☒ DELETE	4.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BARRS, WILLIAM N		4.2 NAME	James Dennard	
STREET ADDRESS	429 TALLEYRAND AVE		4.3 STREET ADDRESS	2395 Sauls Circle	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Callahan, FL 32011	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	FOLLADORI, JAY		5.2 NAME	Charles How	
STREET ADDRESS	PO BOX 19060 N/A		5.3 STREET ADDRESS	720 Scotia Road	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALICE LIVINGSTON		6.2 NAME		
STREET ADDRESS	PO BOX 3005 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: SIGNATURE REQUIRED 4/27/98 904-353-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004892