SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N46080 (0)

1. Corporation Name
KAPPA BETA OF SIGMA CHI HOUSE CORPORATION

Principal Place of Business	Mailing Address
% ROBERT B. MITCHELL 2904 ST JOHNS BLUFF RD JACKSONVILLE FL 32246 US	C/O MITCHELL. ROBERT. B 510 A1A N PONTE VEDRA FL 32004 US

2. Principal Place of Business	2a. Mailing Address
21 JAMES C. LANDRY	26 c/o JAMES LANDRY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 2904 ST. JOHNS BLUFF RD	27 1301 RIVERPLACE BLVD
City & State	City & State
23 JACKSONVILLE, FL	28
Zip / Country	Zip / Country
24 32246 / 25 US	29 / 30

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 06/19/1995
4. FEI Number: 59-3192453 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MOORE, TERRY A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name: MOORE, TERRY A.
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. LAURA STREET
83: SUITE 3100
84 City: JACKSONVILLE, FL 85 Zip Code: 32201

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 _____ 8/1/96 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
PD MITCHELL, ROBERT B 7737 WILDWOOD WAY JACKSONVILLE FL 32256		☑	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT JAMES C. LANDRY 1301 RIVERPLACE BLVD #950 JACKSONVILLE, FL 32207	☐ / ☐
D WALSH, MARK 50 NORTH LAURA STREET, SUITE 3100 JACKSONVILLE FL 32202		☐	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	MITCHELL, ROB VICE PRESIDENT 7737 WILDWOOD WAY JACKSONVILLE, FL 32256	☑ / ☐
V GOWEN, WILLIAM G. 9138 AGINCOURT LANE JACKSONVILLE FL 32256		☑	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	MR. KEVIN CANNON CANNON ~~TREASURER~~ T 105 CLIFTON CT #403 PONTE VEDRA, FL 32082	☐ / ☑
D LANDRY, JAMES 4039 HARBOUR COVE DRIVE JACKSONVILLE FL 32225		☐	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	400001925024 -08/19/96--01006--010 ***61.25	☐ / ☐

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 8/1/96 Date 904 345 8506 Daytime Phone # 8/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000932