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| ANNUAL REPO | | () | I. Mortham ry of State | | | retary | | |
| 1998 | 1998 DIVISION OF CORPORATIONS | | | | i Ctai y | | state | |
| DOCUMENT . Corporation Name | # N930000 |)04789 (4) |) | | | | | |
| Fort George | Island Golf Assoc | CIATION, INC. | | | | | | |
| Principal Place of Business | | Mailing Address | | | | Ja nn Co rn Co nn | | |
| I-VERA-DR541_VERA-DR. | | | | | Date Incorporated or (| Jualified | | |
| AGKSONVILLE FE 32218 | | JACKSONVILLE FL 32218 | | | 10/18/1993 | 20011100 | | |
| | | | | 4, | FEI Number 59-3246633 | | | pplied For lot Applicable |
| 2. Principal Place of Busin | | 2a. Mailing Address | BLUD | 5. | Certificate of Status De | sired 🔲 | \$8.75 | Additional |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. | Election Campaign Fin | ancing | \$5.00 | lequired May Be |
| 2NERTUNE City & State | DEACH, PL2 | 7 City & State | | 7 | Trust Fund Contribution | | Added | to Fees |
| 3 <u>32266</u> | USA 2 | | | -L. | | 🗋 Yes | No No | |
| | Country 25 | 2ip 32266 | | 8. | This corporation owes Personal Property Tax | | | itangible |
| 9. Name | and Address of Current Reg | gistered Agent | 61 Name | | Name and Address o | | d Agent | |
| KING, JOHN P | | | | | O. Day Mumhayla Mat | A | ···, ··· | |
| 111 FLORIDA BLVD. | | | | Adoress (P | O. Box Number is Not | Acceptable) | | |
| NEPTUNE BEACH F | L 32266 | | 83 | | | | | |
| | | | | | | | | |
| | | | 84 City | <u></u> | | F | | Code |
| Pursuant to the provision office or registered age agent. I am familiar with | ons of Sections 617.0502 and ml, or both, in the State of Fic h, and accept the obligations | i 617.1508, Florida Statutt orida. Such change was a . of, Section 617.0503, Flo | es, the above-named | d corporation rporation's b | submits this statemen oard of directors. I here | | | |
| SIGNATURE | n, and accept the obligations | or, Section 617.0503, Fid | es, the above-named uthorized by the cor rida Statutes. | | | t for the purpose by accept the ap | | |
| SIGNATURESignature, typed o | ons of Sections 617.0502 and ont, or both, in the State of Flo h, and accept the obligations x printed name of registered agent and OFFICERS AND DIR | III Section 617.0503, Fic | s, the above-namec uthorized by the cor rida Statutes. Registered Agent signatur 13. | e required when | | t for the purpose by accept the ar DATE | of changing ippointment as | Its registered s registered RS IN 12 |
| SIGNATURE Signature, typed c | n, and accept the obligations x printed name of registered agent and OFFICERS AND DIR | Ille If applicable. (NOTe | s, the above-namec uthorized by the cor rida Statutes. Registered Agent signatur 13. 1.1 TITLE | e required when | reinstating) | t for the purpose by accept the ar DATE | of changing pointment as | ts registered s registered RS IN 12 |
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