05241999-90017-016-$61.25-$61.25

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90017 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000445

1. Corporation Name
METROCORP CENTER OF JACKSONVILLE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2700-D NW 43RD STREET GAINESVILLE FL 32608	2700-D NW 43RD STREET GAINESVILLE FL 32608

2. Principal Place of Business 21 8375 Baymeadows Way Suite, Apt. #, etc. 22 City & State 23 Jacksonville, Fl Zip 24 32256 Country 25 USA	2a. Mailing Address 26 8375 Baymeadows Way Suite, Apt. #, etc. 27 City & State 28 Jacksonville Fl Zip 29 32256 Country 30 USA

3. Date Incorporated or Qualified: 01/28/1994
4. FEI Number: 59-3227858 ☐ 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. Name and Address of Current Registered Agent

TRAWICK, CARL
8367 BAYMEADOWS WAY
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Kenneth C Caplan
82 Street Address (P.O. Box Number is Not Acceptable): 8375 Baymeadows Way
83
84 City: Jacksonville FL 85 Zip Code: 32256

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: Kenneth C Caplan — Kenneth C Caplan — 5.6.99 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	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRAWICK, CARL		1.2 NAME		
STREET ADDRESS	8367 BAYMEADOWS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	President / D	☒ Change ☐ Addition
NAME	CAPLAN, KENNETH		2.2 NAME		
STREET ADDRESS	8375 BAYMEADOWS WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, BILLIE		3.2 NAME		
STREET ADDRESS	7785 BAYMEADOWS WAY, #304		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	Le		4.2 NAME	Leigh Thompson	
STREET ADDRESS			4.3 STREET ADDRESS	8367 Baymeadows Way	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville, Fl 32256	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Kenneth C Caplan — 5.6.99 — 904 737-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #