

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001488 (5)**

1. Corporation Name

**CHRONICLE COURT OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**3300 PHILLIPS HWY  
JACKSONVILLE FL 32207**

**P. O. BOX 5369  
JACKSONVILLE FL 32247-5369  
US**

3. Date Incorporated or Qualified  
**03/25/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

**59-3236736**

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

10. Name and Address of New Registered Agent

**MCGEHEE, F. SUTTON, Jr.  
3300 PHILLIPS HWY  
JACKSONVILLE FL 32207**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCGEHEE, F. SUTTON JR</b>
STREET ADDRESS	<b>3300 PHILLIPS HWY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCGEHEE, THOMAS R</b>
STREET ADDRESS	<b>3300 PHILLIPS HWY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FISHER, GUY H JR</b>
STREET ADDRESS	<b>3300 PHILLIPS HWY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE
NAME	<b>JOHN BRENT</b>
STREET ADDRESS	<b>3300 PHILLIPS HIGHWAY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>TAS</b> <input type="checkbox"/> DELETE
NAME	<b>JONATHAN Y. ROGERS</b>
STREET ADDRESS	<b>3300 PHILLIPS HWY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D, S</b> <input type="checkbox"/> DELETE
NAME	<b>Thomas R. McGehee, Jr.</b>
STREET ADDRESS	<b>3300 Phillips Hwy</b>
CITY-ST-ZIP	<b>Jacksonville FL 32207</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 of F. Sutton McGehee Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/97 (904) 348-3300**  
Date Daytime Phone # 0008851

CR2E037 (9/96)