## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90151 046 \*\*\*158.75

DOCUI	MENT # P02954				
1. Corporation					
				: 1881/1881   11/ BRILLE 1/818   18/14 BRILLE 1/818   18/14 BRILLE 1/8/14 BRILLE 1/8/14 BRILLE 1/8/14 BRILLE 1	
Principal Place		Mailing Address			
100 LAURA ST BOX 359	STE 600	PO BOX 359 BOX 359			
JACKSONVILLE	FL 32201	JACKSONVILLE FL 32201-035	59	DO NOT WRITE IN THIS	SPACE
ļ		US		3. Date Incorporated or Qualifed	
2 0	Uses of Divisions	2a. Mailing Address		08/07/1984 4. FEI Number	Applied For
21 325 1	lace of Business Urst Holams St	26		58-1422587	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 64h	tloor	27		5. Certificate of Status Desired	Fee Required
City & Stat	Linui Ha El	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation owes the current year Int	
24 326	202 25 U.S.	L_ · _	30	Personal Property Tax.	☐Yes ☐No
24 500	9. Name and Address of Current			10. Name and Address of New Registered	Agent
12/01	MOUAL PEN II ID		81 Name		
WILLINGHAM, BEN H., JR.				Address (P.O. Box Number is Not Acceptable)	·
325 W ADAMS ST 6TH FL			83		<u> </u>
JACKSONVILLE FL 32202			83	<u> </u>	
OAOI	TOOTTILLE ! C SEESE		84 City	FL	85 Zip Code
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	s the above-named	corporation submits this statement for the purpose of	changing its registered
l office or re	egistered agent, or both, in the State of finding manufacturing the state of the finding manufacturing manufacturing and accept the obligation of the state of th	if Florida. Such change was aut	thorized by the corpo	pration's board of directors. I hereby accept the appoi	ntment as registered
	m ramiliar with, and accept the obligati	ons of, Section 607.00005, Floric	ua Glaidies.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, F	Registered Agent signature r		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILLINGHAM, BEN H., JR. 325 W ADAMS SST		1.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32202		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	VD	<b>★</b> DELETE	2.1 TITLE	3 b	Change
NAME	MCAFEE, T.J., JR.		2.2 NAME	44	
STREET ADDRESS	325 W ADAMS ST		2.3 STREET ADDRESS	Jose M. Oliver St., 6	th Floor
CITY-ST-ZIP	JACKSONVILLE FL 32202		2. 4 CITY- ST-ZIP	FACKSONVIlle, FL 33	202
TITLE	-	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		_, 5202,2	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		+
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		□ pere⊥e	62 NAME		L. 4700.90 L. 1700.001
NAME STREET ADDRESS			6.3 STREET ADDRESS		{
STREET ADDRESS			64 CITY+ST-ZIP		(

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, opening a stachment with an address with all other like empowered.

**SIGNATURE:**