Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90074 044 ***150.00

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

D	O	Cι	JΝ	1E1	NΤ	#	P1	g	50	ገ 7	,
_		_			• -	• •		J	v	JI	

1. Corporation Name

FRP DEV	ELOPMENT CORP.							
B. C. C. Bloom	- 6 D	Mailing Address				3111 1061 DIBIL DIBIL BELEL DIBIL I		
Principal Place of Business 34 LOVETON CENTER 34 LOVETON CIR STE 100 SPARKS MD 21152 Mailing Address C/O DENNIS D. FRICK P.O. BOX 4667 JACKSONVILLE FL 32201					DO NOT WRITE IN THIS SPACE			
SPARKS MD 21	152	US			3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·		
					06/03/1988			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			58-1794556	No	t Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 A Fee Re	I .	
City & State	3	City & State			6. Election Campaign Financing	55.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	′	8. This corporation owes the cur	rent year Intangible		
24	25	11	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered Agent		
EDIC:	V DENING		81	Name				
	K, DENNIS		82	Street Ad	Idress (P.O. Box Number is Not Accept	table)		
	east 21st street (sonville fl 32206							
JACK	SUNVILLE FL 32206		83		•			
4			84	City		FL 85 Zip (Code	
office or re agent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	the corpora	proporation submits this statement for the ation's board of directors. I hereby accelulated when reinstating) ADDITIONS/CHANGES TO O	DATE DATE	gistered	
TITLE	DC	☐ DELETE	11 TITLE			☐ Change	☐ Addition	
NAME	ANDERSON, JOHN E.		1.2 NAME					
STREET ADDRESS	155 E. 21ST ST.		1.3 STREE	T ADDRESS			ł	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	IT-ZIP				
TITLE	DP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	DEVILLIERS, DAVID H. JR.		2.2 NAME				ļ	
STREET ADDRESS	34 LOVETON CIR STE 100		2.3 STREE	T ADDRESS			}	
CITY-ST-ZIP	SPARKS MD		2. 4 CITY-	ST-ZIP				
TITLE	SD	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	FRICK, DENNIS D		3.2 NAME	į				
STREET ADDRESS	155 E. 21ST ST.		3.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP	•			
TITLE	AST	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	RAYBURN, GEORGE THOMAS		4. 2 NAME	-				
STREET ADDRESS	34 LOVETON CIR STE 100		4 3 STREE	TADDRESS				
CITY-ST-ZIP	SPARKS MD		4.4 CITY-5	ST-ZIP				
TITLE	VP	DELETE	5.1 TITLE	-		☐ Change	Addition	
NAME	CARLSON, RUGGLES B	•	52 NAME				•	
STREET ADDRESS	155 E 21ST ST			T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY- S	ST-ZIP			<u> </u>	
TITLE	VP	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition I	
NAME	JAMES JEFFREY GILSTRAP		6.2 NAME				ĺ	
STREET ADDRESS	EAST ST STREET		63 STREE	TADDRESS			Ì	

JACKSONVILLE FL 32206 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 suppliemental 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: (

Dennis D. Frick, Secretary

(904)355-1781