

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000001232 (6)

1. Corporation Name
ARGACO, INC.

Principal Place of Business
ONE INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE FL 32201

Mailing Address
PO BOX 50925
JACKSONVILLE FL 32240-0925
US

FILED
May 13 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1992

4. FEI Number

59-3159992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 16625

22 City & State

27 City & State
JACKSONVILLE, FL

23 Zip Country

28 Zip Country
32245 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLBROOK, H. LEON III
ONE INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE FL 32202

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GAY, ROBERT B JR
1001 BEACH AVENUE
ATLANTIC BEACH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

10826 CROSSWICKS RD
JACKSONVILLE, FL 32256

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
GAY, NANCY B
1001 BEACH AVENUE
ATLANTIC BEACH FL 32233

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

10826 CROSSWICKS RD
JACKSONVILLE, FL 32256

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
TAYLOR, JEFFREY J
700 VALLEY FORGE RD
JACKSONVILLE FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

600002526036
-05/15/98--01105--000
***150.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, or on an attachment with an address.

SIGNATURE:

Robert B. Gay Jr - PTD

904
203-2471