

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 09 1997 8:00am  
Secretary of State

DOCUMENT # P93000007752 (7)

1. Corporation Name

SARTORIUS & ECKERT, P.A.

LAW FIRM,

Principal Place of Business

4981 ATLANTIC BLVD., SUITE 4  
JACKSONVILLE FL 32207

Mailing Address

4981 ATLANTIC BLVD., SUITE 4  
JACKSONVILLE FL 32207-2400

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SARTORIUS, ARTHUR G III  
4981 ATLANTIC BLVD., #4  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3169705

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

10. Name and Address of New Registered Agent

81 Name

W. Kelsea Eckert

82 Street Address (P.O. Box Number is Not Acceptable)

4981 Atlantic Blvd.

83

84 City

Jacksonville

FL

85

Zip Code

32207

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

Signature of current registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME SARTORIUS, ARTHUR G III  
STREET ADDRESS 4981 ATLANTIC BLVD. #4  
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE  
NAME WILBER, W. KELSEA  
STREET ADDRESS 4981 ATLANTIC BLVD. #4  
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST, ZIP

2.1 TITLE Director / President ☒ Change ☐ Addition  
2.2 NAME Eckert, W. Kelsea  
2.3 STREET ADDRESS 4981 Atlantic Blvd. #4  
2.4 CITY-ST, ZIP Jacksonville, FL 32207

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST, ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST, ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST, ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97

904-398-5600

Date

Daytime Phone

0031272

CR2E034 (9/96)