

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
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90009 038 ***150.00

DOCUMENT # P93000012634

1. Corporation Name

5705 HIGHWAY AVENUE CORPORATION

Principal Place of Business

5705 HIGHWAY AVE.
JACKSONVILLE FL 32254
US

Mailing Address

P. O. BOX 979
288 MEETING ST
CHARLESTON SC 29402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

4. FEI Number

59-3170683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4215 Southpoint Blvd.

22 City & State

27 Suite 100

23 Zip Country

28 Jacksonville, FL

24

25

29 32216

30

DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADDLESTONE, NATHAN
5705 HIGHWAY AVENUE
JACKSONVILLE FL 32254

81 Name

Lewis Ansbacher

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

4215 Southpoint Blvd.

83

Suite 100

84

City Jacksonville

FL

85 Zip Code

32216

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME ADDLESTONE, NATHAN
STREET ADDRESS 5705 HWY AVE
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE S ☒ DELETE

NAME CRAIG, JULIAN
STREET ADDRESS 288 MEETING ST 2ND FL
CITY-ST-ZIP CHARLESTON SC 39401

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

1.1 TITLE

DS

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99

Date

(843) 577-9300

Daytime Phone #

CR2E034 (11/98)

001147