

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 19 1996 8:00 am

Secretary of State

DOCUMENT # P93000038402 (2)

1. Corporation Name

MTF FUND III, INC.



Principal Place of Business

3030 HARTLEY ROAD
SUITE 100
JACKSONVILLE FL 32257

Mailing Address

3030 HARTLEY ROAD
SUITE 100
JACKSONVILLE FL 32257

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

g. Name and Address of Current Registered Agent

FARRELL, MARK T.
3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257

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 602, 603, and 604, 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. Said change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 602, 603, and 604, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	P	ROOD, JOHN D	3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL	☐ DELETE			
	VST	FARRELL, MARK T	3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL	☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
14 NAME				☐	☐
15 STREET ADDRESS				☐	☐
16 CITY, ST, ZIP				☐	☐
17 NAME				☐	☐
18 STREET ADDRESS				☐	☐
19 CITY, ST, ZIP				☐	☐
20 NAME				☐	☐
21 STREET ADDRESS				☐	☐
22 CITY, ST, ZIP				☐	☐
23 NAME				☐	☐
24 STREET ADDRESS				☐	☐
25 CITY, ST, ZIP				☐	☐
26 NAME				☐	☐
27 STREET ADDRESS				☐	☐
28 CITY, ST, ZIP				☐	☐

14. I do hereby certify that the information supplied with this form is a true and correct statement of the facts and circumstances and that I am not qualified for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this form is not a supplement to or a modification of the information provided on the previous year's report 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 and the person or persons authorized to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report and that I am a citizen of the United States.

SIGNATURE: *Mark T. Farrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

CR2E034 (12/95)