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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90035 034 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT



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

~~1996~~ 1999

DOCUMENT # P93000038800 (7)

1. Corporation Name

SOUTHEAST PROPERTIES HOLDING CORPORATION, INC. ✓

Principal Place of Business

Mailing Address

3986 BOULEVARD CENTER DR. SUITE 101
 JACKSONVILLE FL 32207

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 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
 06/01/1993

3a. Date of Last Report
 05/01/1995

4. FEI Number

59-3202967 ✓

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

2. Principal Place of Business

21 8880 Freedom Crossing Trail

2a. Mailing Address

2a DO Box 58120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27

City & State

City & State

23 Jacksonville FL

28 Jacksonville FL

Zip

Country

Zip

Country

24 32256-9920 25 USA

29 32241-8120

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

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

Signature, 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 PD ☒ DELETE
 NAME DAVIS, IRVIN H
 STREET ADDRESS 3986 BOULEVARD CENTER DR
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DVP David B. Hiley ☐ Change ☒ Addition
 1.2 NAME
 1.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
 1.4 CITY-ST-ZIP 32256-9920

TITLE T ☐ DELETE
 NAME STEPHENS, JAMES L
 STREET ADDRESS 3986 BLVD CTR DR
 CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
 2.4 CITY-ST-ZIP 32256-9920

TITLE S ☐ DELETE
 NAME JENKINS, W LAWRENCE
 STREET ADDRESS 3986 BLVD CTR DR
 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME VP S
 3.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
 3.4 CITY-ST-ZIP 32256-9920

TITLE V ☐ DELETE
 NAME TEAGLE, JAMES
 STREET ADDRESS 3986 BLVD CTR DR
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE DP ☒ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
 4.4 CITY-ST-ZIP 32256-9920

TITLE V ☒ DELETE
 NAME WILKEY, JAMES L
 STREET ADDRESS 3986 BLVD CTR DR
 CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE AS ☒ Change ☒ Addition
 5.2 NAME Mary H McNeal
 5.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
 5.4 CITY-ST-ZIP 32256-9920

TITLE DV ☐ DELETE
 NAME HUGHES, VICTOR A
 STREET ADDRESS 3986 BLVD CTR DR
 CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE DC ☒ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS 8880 Freedom Crossing Trail, Ste 100
 6.4 CITY-ST-ZIP 32256-9920

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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:

James L. Stephens

James L. Stephens

4/26/99 904/538-8870
 13456 064 348 3483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR