

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90190 050 ***150.00

DOCUMENT # P93000076755

1. Corporation Name

SOJO PROPERTIES, INC.

Principal Place of Business

300 W. ADAMS ST.
JACKSONVILLE FL 32202

Mailing Address

4324 ATLANTIC BLVD.
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

59-3210988

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 14255 BEACH BLVD.

27 City & State

28 JACKSONVILLE, FL.

29 Zip

30 32250

Country

USA

9. Name and Address of Current Registered Agent

DOUGLAS, SOLOMAN

4324 ATLANTIC BLVD. 14255 BEACH BLVD.
JACKSONVILLE FL 32207
32250

10. Name and Address of New Registered Agent

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOMAN, DOUGLAS	
STREET ADDRESS	4324 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT	
STREET ADDRESS	4324 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, TERRY	
STREET ADDRESS	4324 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, HARLEY	
STREET ADDRESS	4324 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, JAMES	
STREET ADDRESS	4324 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14255 BEACH BLVD
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	/
2.3 STREET ADDRESS	/
2.4 CITY-ST-ZIP	/
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	/
3.3 STREET ADDRESS	/
3.4 CITY-ST-ZIP	/
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	/
4.3 STREET ADDRESS	/
4.4 CITY-ST-ZIP	/
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	/
5.3 STREET ADDRESS	/
5.4 CITY-ST-ZIP	/
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	/
6.3 STREET ADDRESS	/
6.4 CITY-ST-ZIP	/

CR2E034 (11/98)

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:

DOUGLAS SOLOMAN

2-18-99

904-223-0888

Date

Daytime Phone #