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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000077524 (5) 1. Corporation Name J.L. PROPERTIES OF JACKSONVILLE, INC.			
Principal Place of Business 6900 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256 US		Mailing Address 6900 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256-3007 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 57517 27 Suite, Apt. #, etc. 28 City & State 29 Jacksonville, FL 30 Zip 31 Country	
9. Name and Address of Current Registered Agent KIRSCHNER MAIN PETRIE GRAHAM & TANNER P.A. ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 1 Name James V. Walker 2 Street Address (P.O. Box Number is Not Acceptable) 10151 Deerwood Park Blvd. 3 Building 100, Suite 200 4 City Jacksonville FL 32256	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: <i>James V. Walker</i> DATE: 1/15/97			
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.10 TITLE NAME STREET ADDRESS 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 included 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: <i>Lindsay Lee</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/20/97 Daytime Phone # 904-268-2900	



CR2E034 (9/96)