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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003621 (7)

1. Corporation Name
JACKSONVILLE NETWORK REALTY, INC.

Principal Place of Business

4190 BELFORT RD.
SUITE 475
JACKSONVILLE FL 32216
US

Mailing Address

P.O. BOX 56350
JACKSONVILLE FL 32241-6350

3. Date Incorporated or Qualified
01/11/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4190 Belfort Road

Suite, Apt. #, etc.

27 Suite 475

City & State

28 Jacksonville, FL

Zip

29 32216

Country

30 US

4. FEI Number
59-3328380

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

9. Name and Address of Current Registered Agent

MCGRIFF, W.A. III
4190 BELFORT RD.
SUITE 475
JACKSONVILLE FL 32216

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME MCGRIFF, W.A. III
STREET ADDRESS 4190 BELFORT RD., #475
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VTAS
NAME BOWER, E. BRUCE
STREET ADDRESS 4190 BELFORT RD., #475
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME MCGRIFF, W.A. III
1.3 STREET ADDRESS 4190 Belfort Rd. Suite 475
1.4 CITY-ST-ZIP Jacksonville, FL. 32216

☒ Change ☐ Addition

2.1 TITLE VTAS
2.2 NAME Bower, E. Bruce
2.3 STREET ADDRESS 4190 Belfort Rd. Suite 475
2.4 CITY-ST-ZIP Jacksonville, FL. 32216

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE

W.A. McGriff, III

4/14/97

904-296-6400

CR2E034 (9/96)