FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P94000021939 (1)

VCP-COQUINA CROSSING, INC.

Principal Place of Business Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257		3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 322			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1994			
<u> </u>	Place of Business	2a. Mailing Address	h1		4. FEI Number		Applied For	
21 Suite, Ap	t # etc	Suite, Apt. #. etc.			59-3233602		Not Applicable	
22		27 Solite, Apr. #, 8tb.	 		5. Certificate of Status Desired	5. Certificate of Status Desired		
City & Sta		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 24	Country 25	Zip 29	Country 30	, 	This corporation owes or has paid the operation owes or has paid the operation owes or has paid the operation of the property Tax due June 30.	current ye		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registers	d Agent		
	ARRELL, MARK T		81	Name				
S	030 HARTLEY RD. FUITE 100		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
J	ACK S ONVILLE FL 32257		83					
ı			84	City	F	85	Zip Code	
Onice or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e ot Florida. Such change was	authorized by	/ the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of about	ging its registered ent as registered	
SIGNATURE	Signature, typed or pointed name of registered as	the state of the s	Tr. Davistand A		ired when reinstaling) DATE			
12.		NO DIRECTORS	13.	on signature redu	ired when reinstaling) ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			☐ Cr		
NAME	ROOD, JOHN D		1.2 NAME			_	•	
STREET ADDRESS		100	1.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP				
TITLE	VST	DELETE	2.1 TITLE			Ch	ange Addition	
NAME	FARRELL, MARK T	····	2.2 NAME					
STREET ADDRESS		E 100	2.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 City - 5	ST-ZIP				
TITLE	}	L_J DELETE	3.1 TITLE	- [☐ Ch	ange 🔲 Addition	
NAME			3 2 NAME	-				
STREET ADDRESS			3.3 STREET				ľ	
CITY-ST-ZIP TITLE	 	DELETE	3.4. CITY - 5 4.1 TITLE	51 - Z(P		777 61	none la delata	
NAME		E-1 petfic	4.1 HILE 4. 2 NAME			□ Ch	ange [] Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.3 STACET					
TITLE		DELETE	5.1 TITLE	1-711		☐ Ch	ange	
NAME			5.2 NAME				- Podition	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange Addition	
NAME			6.2 NAME	Ī				
STREET ADDRESS			6.3 STREET	address				
CITY, ST. 7IP	1		0.4 0/7// 67					

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.