PROFIT .CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| 1   | 999   | <b>'</b>                  | DIVISION OF CO   | RPORATI                | ONS                            |  |  |
|---|---|---------------------------|------------------|------------------------|--------------------------------|--|--|
| DOCUMENT # P9400068767                      |   |                           |                  |                        | 02-16-1999 90017 049 ***158.75 |  |  |
| ** F-                                       | AKE FOREST, INC.                                    |                           |                  |                        |                                |  |  |
| HOITH GALL LONGOT, MAG.                     |   |                           |                  |                        |                                |  |  |
| Principal Place                             | of Business   | Mailing Ad                | dress            |                        |                                |  |  |
| 2641 RIVER ROAD 2641 RIVER ROAD             |   |                           |                  | •                      |                                | •  |  |
| JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 |   |                           |                  |                        | DO NOT WRITE IN THIS SPACE     |  |  |
|   |   |                           |                  |                        |                                | 3. Date Incorporated or Qualifed 09/15/1994  |  |
| - D.: -: -! DI                              | and Pusings   | 2a, Mailing               | Address          |                        |                                | 4. FEI Number Applied For  |  |
| 2. 1 1110   201                             |   |                           | iang / tao ooo   |                        |                                | 59-3282106 Not Applicable  |  |
| Suite, Apt. #                               | t etc.  | Suite, Apt. #, etc.       |                  |                        |                                | \$8.75 Additional  |  |
| 22  | ,, 0.0.   | 27                        |                  |                        |                                | 5. Certificate of Status Desired Fee Required  |  |
| City & State                                |   | City & State              |                  |                        |                                | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23 28                                       |   |                           |                  |                        |                                | Trust Fund Contribution Added to Fees  |  |
| Zip   |   |                           |                  | Country                |                                | 8. This corporation owes the current year Intangible   |  |
| 24  | 25  | 29                        | 3                | 80                     |                                | Personal Property Tax. Yes No  10. Name and Address of New Registered Agent  |  |
|   | 9. Name and Address of Current                      | Registered A              | gent             | 81                     | Name                           | 10. Name and Address of New Registered Agent   |  |
| LOGO SMILLIANA I                            |   |                           |                  |                        |                                |  |  |
| JOOS, WILLIAM J<br>2641 RIVER ROAD          |   |                           |                  | 82                     | Street Add                     | Iress (P.O. Box Number is Not Acceptable)  |  |
| JACKSONVILLE FL 32207                       |   |                           |                  | 83                     |                                |  |  |
| SACKOONVILLE LE SEES!                       |   |                           |                  |                        |                                |  |  |
|   |   |                           |                  | 84                     | City                           | 85 Zip Code  |  |
| L   | 4 Daniel 607 050                                    | 2 and 607 1509            | Elorida Statutes | the abov               | e-named corr                   | poration submits this statement for the purpose of changing its registered inn's heard of directors. I hereby accept the appointment as registered |  |
|   |   |                           |                  |                        |                                | ion's board of directors. I hereby accept the appointment as registered  |  |
| agent. I ar                                 | n familiar with, and accept the obligat             | ions of, Section          | 1 607.0505, FIOR | da Statutes            | š.                             |  |  |
| SIGNATURE                                   | Signature, typed or printed name of registered agen | t and title if applicable | e. (NOTE: F      | Registered Age         | nt signature require           | red when reinstating) DATE   |  |
| 12.   | OFFICERS AN   |                           |                  | 13.                    |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE                                       | PD  | · ·                       | DELETE           | 1.1 TITLE              |                                | ☐ Change ☐ Addition  |  |
| NAME  | JOHNSON, MARY C                                     |                           |                  | 1.2 NAME               |                                |  |  |
| STREET ADDRESS                              | 1122 MARCO PLACE                                    |                           |                  | 1.3 STREE              | TADORESS                       |  |  |
| CITY-ST-ZIP                                 |   |                           | 1.4 CITY-5       | ST-ZIP                 |                                |  |  |
| TITLE                                       | VPTD  |                           |                  | 2.1 TITLE              |                                | ☐ Change ☐ Addition  |  |
| NAME  | JOOS, WILLIAM J                                     |                           |                  | 2.2 NAME               | ļ                              |  |  |
| STREET ADDRESS                              | 2641 RIVER ROAD                                     |                           |                  | 2.3 STREE              | TADORESS                       |  |  |
| CITY-ST-ZIP                                 | JACKSONVILLE FL                                     |                           |                  | 2, 4 CITY-             | ST-ZIP                         | ☐ Change ☐ Addition  |  |
| TITLE                                       | VPSD  |                           | ☐ DELETE         | 3.1 TITLE              |                                |  |  |
| NAME  | ALLEN, JOHN J                                       |                           |                  | 3.2 NAME               |                                |  |  |
| STREET ADDRESS                              | 4444 COUNTRY CLUB ROAD                              |                           | <b>.</b>         |                        | TADDRESS                       | 18 (1. 18 19 19 19 19 19 19 19 19 19 19 19 19 19   |  |
| CITY-ST-ZIP                                 | JACKSONVILLE FL                                     |                           |                  | 3.4. CITY-             |                                | ☐ Change ☐ Addition  |  |
| TITLE                                       |   |                           | □ DETEIE         | 4.1 TITLE<br>4, 2 NAME |                                |  |  |
| NAME  |   |                           |                  |                        | ET ADDRESS                     | •  |  |
| STREET ADDRESS                              |   |                           |                  | 4.3 STREE              |                                |  |  |
| CITY-ST-ZIP                                 |   |                           | ☐ DELETE         | 5.1 TITLE              |                                | ☐ Change ☐ Addition  |  |
| TITLE                                       |   |                           |                  | 5.2 NAME               |                                |  |  |
| NAME<br>STREET ADDRESS                      |   |                           |                  | 5.3 STREE              | ET ADDRESS                     | •  |  |
| STREET ADDRESS                              |   |                           |                  | 5.4 CITY-              | ST-ZIP                         |  |  |
| CITY-ST-ZIP                                 | <u> </u>  |                           | DELETE           | 61 TITLE               |                                | Change Addition  |  |

6.4 CITY-ST-ZIP 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 trusted 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 antachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

GNING OFFICER OR DIRECTOR

☐ DELETE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State**