

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90083 018 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000076598**

1. Corporation Name  
**GEORGE A. KOURY, INC.**



Principal Place of Business  
 8789 SAN JOSE BLVD.  
 SUITE 306  
 JACKSONVILLE FL 32217

Mailing Address  
 P O BOX 24109  
 SUITE 306  
 JACKSONVILLE FL 32241  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ] 22 [ ] 23 [ ] 24 [ ]

2a. Mailing Address  
 26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

3. Date Incorporated or Qualified  
**10/17/1994**

4. FEI Number  
**49-3280714**

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

9. Name and Address of Current Registered Agent  
**KOURY, GEORGE A**  
**8789 SAN JOSE BLVD.**  
**SUITE 306**  
**JACKSONVILLE FL 32247**

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 *Bonnie Koury* *Sec. Treas.* DATE **3-17-99**

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE  
 NAME **PD KOURY, GEORGE A**  
 STREET ADDRESS **8789 SAN JOSE BLVD. #306**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 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: *Bonnie Koury* **BONNIE KOURY** DATE **3-17-99** (904) 262 8400

CR2E034 (1/98)