

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000077958

1. Corporation Name

LANGLEY INVESTMENTS, INC.

Principal Place of Business

325 W ADAMS ST  
STE 600  
JACKSONVILLE FL 32202  
US

Mailing Address

P.O. BOX 359  
JACKSONVILLE FL 32201-0359  
US

2. Principal Place of Business

2a. Mailing Address

21 800 Lomax Street  
Suite, Apt. #, etc.  
22 119

26 P.O. Box 1556  
Suite, Apt. #, etc.

23 Jacksonville, FL  
City & State  
24 32204 25 U.S.  
Zip Country

27 Jacksonville, FL  
City & State  
28 32201 29 U.S.  
Zip Country

9. Name and Address of Current Registered Agent

MCACFE, T.J.  
325 W ADAMS ST  
6TH FLOOR  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number

59-3274268

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Paul Stevens

82 Street Address (P.O. Box Number is Not Acceptable)

800 Lomax Street

83

Suite 119

84

City Jacksonville

FL

85 Zip Code

32204

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

*Paul R. Stevens*

PAUL R. STEVENS

PRESIDENT

1/15/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BENJAMIN, ROBERT W  
STREET ADDRESS 325 W ADAMS ST, 6TH FL  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE  
NAME MCACFE, T.J.  
STREET ADDRESS 325 W ADAMS ST, 6TH FL  
CITY-ST-ZIP JACKSONVILLE FL 32202

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.

1.1 TITLE DTP ☐ Change ☒ Addition  
1.2 NAME Paul Stevens  
1.3 STREET ADDRESS 844 Pine meadow Cove  
1.4 CITY-ST-ZIP Jacksonville FL 32221-1547

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: *Paul R. Stevens* PAUL R. STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90034 007 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)