## 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 # **P94000090543** (7)

JACKSONVILLE RIVERFRONT CORPORATION

Principal Place of Business Mailing Address 750 EAST BAY ST 750 EAST BAY ST 9TH FLOOR 9TH FLOOR DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 12/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3305745 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name JOHN H HANAN 750 EAST BAY ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 ŘΑ City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typind or printed name of registered agent and file if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change \_\_\_ Addition HANAN, JOHN H 1.2 NAME NAME 750 EAST BAY STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32202 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CIONATUDE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2/20/0

904-632-0004

Addition

**FILED** 

Feb 27 1998 8:00am

Secretary of State