

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000090543 1. Entity Name JACKSONVILLE RIVERFRONT CORPORATION	
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Principal Place of Business 2625 W. 5TH STREET JACKSONVILLE, FL 32254 US	Mailing Address 2625 W. 5TH STREET JACKSONVILLE, FL 32254 US
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DO NOT WRITE IN THIS SPACE

	
02022004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3305745	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAYLOR, W HAMILTON
2625 W. 5TH STREET
JACKSONVILLE, FL 32254**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000121411 04/20/04-80051-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPENCE, JEFF 2625 W. 5TH STREET JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT TRAYLOR, W. HAMILTON 2625 W. 5TH STREET JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPENCE, CARLTON 2625 W. 5TH STREET JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Hamilton Traylor **W. Hamilton Traylor** 4/19/04 **(904) 486-6040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #