

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003549 (9)

1. Corporation Name

HARBOUR PLACE PROFESSIONAL PARK COMPANY



Principal Place of Business

Mailing Address

10192 SAN JOSE BLVD
JACKSONVILLE FL 32257

10192 SAN JOSE BLVD
JACKSONVILLE FL 32257

2. Principal Place of Business

2a. Mailing Address

21 8130 BAYMEADOWS CR. W.

26 8130 BAYMEADOWS CR. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 108

27 SUITE 108

City & State

City & State

23 JACKSONVILLE, FLORIDA

28 JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

24 32256

25 DUVAL

29 32256

30 DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURST, CHRISTOPHER J
10192 SAN JOSE BLVD
JACKSONVILLE FL 32257

81 Name

CHRISTOPHER J. HURST

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

4540 SOUTHSIDE BOULEVARD, SUITE 902A

83

84

City JACKSONVILLE

FL

85

Zip Code 32216

11. Pursuant to the provisions of Sections 607.0503 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 collection of, Section 607.0505, Florida Statutes.

SIGNATURE

Christopher J. Hurst CHRISTOPHER J. HURST

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HURST, CHRISTOPHER J
STREET ADDRESS 10192 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ DELETE

1.1 TITLE D, PRES, SEC & TREAS ☐ Change ☒ Addition
1.2 NAME LOUIS E. SABATIER
1.3 STREET ADDRESS 8130 BAYMEADOWS CR. W.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louis E. Sabatier LOUIS E. SABATIER 7/3/96 904 7310275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (3/96)