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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014662 (7)

"THE MARK SHERMAN CORPORATION"

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



| JACKSONVILLE BEACH FL 32250 HOST STREET JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
|---|---|---|----------|-----------------------|--|--|-----------------|-------------------|-----------------|--|
| | | | | | | 02/21/1995 | | | | |
| 2. Principal Pla | | | | 4. FEI Number | | Ap | plied For | | | |
| 2. Principal Place of Business 21 4393 TLABE WINDS 28 4393 TO NO | | | | WINDS DRIVE | | 59-3299730 | | No | t Applicable | |
| Suite, Apl. #, etc. Suite, Apl. #, etc. 27 | | | | | | 5. Certificate of Status Desired | | \$8.75 A | | |
| City & State City & State City & State Zi JACKSONV | | | Viu | hut h | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | | |
| Zip 24 322 | Country | Zip 29 320.50 | Cou | DUVAL | | This corporation owes or has p Personal Property Tax due Jun | e 30. | Yes [| angible] No | |
| | 9. Name and Address of Current Re | egistered Agent | | | | 10. Name and Address of New R | egistered / | igent | | |
| SHERMAN, MARK P 81 Name | | | | | | | | | | |
| JA OKSONVILLE BEACH FL 32250" | | | | | Street Address (P.O. Box Number is Not Acceptable) 4.393. TRADE IN 1005. DRIVE | | | | | |
| | | | | | | SOJVIUE | FL | | 250 | |
| 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 | | | | | | | | | | |
| | Signature, typed or printed name of registered agent an | | | d Agent signature | e required | when reinstating) | DATE | DIDECTOR | 10.11.40 | |
| 12. | OFFICERS AND D | IRECTORS DELETE | 13. | | Τ | ADDITIONS/CHANGES TO OFF | ICERS AND | Change | Addition | |
| TITLE | SHERMAN, MARK P | | | 1.1 TITLE 1.2 NAME | | | | Political | L) Addition | |
| NAME | 1386 8TH STREET S. | | | | . مدا | | | | | |
| STREET ADDRESS | JACKSONVILLE BEACH FL 322 | · · | | FREET ADDRESS | 13 | 93 Tradewinds B | 2.146 2.2.2. | <u> </u> | | |
| CFTY - ST - ZIP | JACKSONVALLE BEACH FL 322 | DELETE | _ | TY-ST-ZIP | 1-7-F | roksonviue, FL | 5 622 | Change | Addition | |
| TITLE | | ☐ bereie | 2.1 Ti | | 1 | | | T DIMINGO | | |
| NAME | | | 22 N | | | | | | | |
| STREET ADDRESS | | | | reet address | | | | | | |
| CITY-ST-ZIP | | DELETE | • | ITY-ST-ZIP | | | | Change | Addition | |
| TITLE | | ☐ OETE1E | 3.1 TI | | | | | L. CHARING | | |
| NAME | | | 3.2 N | | | | | | | |
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| TITLE | | L. Vetter | 4.1 () | | | | | — crange | L. AUGILIA | |
| NAME | | | 4.2 N | - ····- | | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | DOLLTE | _ | TY-ST-ZIP | | | | Change | Addition | |
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| HAME | | | 5.2 N | | | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | T T KELEYE | | ITY-ST-ZIP | ļ | | | Change | Addition | |
| TITLE | | ☐ DELETE | 6.1 TI | | | | | ☐ Change | Addition | |
| NAME | | | 6.2 N | | | | | | | |
| STREET ADDRESS | | / | 6.3 S | TREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | /// | 6.4 0 | ITY-ST-ZIP | | | (7.76 | 10° AL -1 2 | | |
| 14. I hereby c | ertify that the information supplied with | does not qualify for the state of the state | r the ex | emption stat | ed in S | iection 119.07(3)(i), Florida Statutes. | I further ce | ruly that the | intermation | |

indicated on this annual report or supplemental appears eport 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1/26/98

904-280.9600