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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000048989 (4)**

1. Corporation Name
PARK PLACE PLAZA, INC.

Principal Place of Business	Mailing Address
~~140 W MONROE ST~~	~~140 W MONROE ST~~
JACKSONVILLE FL 32202	JACKSONVILLE FL 32202-3706

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 901 N. MAIN ST
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3363849 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, JAMES
140 W MONROE ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: CHARLES L. GAUDRY, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 901 N. MAIN ST
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: Charles L Gaudry CHARLES L. GAUDRY, JR 5/5/97
Signature, typed or printed name of individual with authority to sign (Required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DPST	☒ Change ☐ Addition
NAME	GAUDRY, CHARLES L JR		1.2 NAME	GAUDRY, CHARLES L. JR.	
STREET ADDRESS	140 W MONROE ST		1.3 STREET ADDRESS	901 N. MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	V	☒ DELETE	2.1 TITLE	DV M.	☐ Change ☒ Addition
NAME	WILLIAMS, JAMES B		2.2 NAME	ROBT. KNIGHT	
STREET ADDRESS	140 W MONROE ST		2.3 STREET ADDRESS	(SAME AS ABOVE)	
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME	PETRIE, MARTIN B		3.2 NAME	ROBT. VAN WINKEL	
STREET ADDRESS	140 W MONROE ST		3.3 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DV	☐ Change ☒ Addition
NAME			4.2 NAME	DAVID J. MUYRES	
STREET ADDRESS			4.3 STREET ADDRESS	(SAME)	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: C L Gaudry Jr C.L. GAUDRY, JR. 5/5/97 904 3553744