

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000054564 (6)**

1. Corporation Name

THIRD AVENUE PROPERTIES, INC.



Principal Place of Business

**207 NORTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082**

Mailing Address

**207 NORTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

4. FEI Number

S9-3332342

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(1), 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, Sections 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME
D ALEXON, HARRY
2. STREET ADDRESS
207 NORTH ROSCOE BLVD.
3. CITY, STATE, ZIP
PONTE VEDRA BEACH FL 32082

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I declare under penalty of perjury that the information supplied by me is true and correct, and that the information is true and correct. I further declare 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 or changes or corrections attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY ALEXON

1-18-96

904-285-9882

CR2E034 (12/95)