

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

*SP95000060112*

CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

*Am STAR Properties, Inc.*

900001840379  
-05/28/96--01024--027  
\*\*\*1125.00

Principal Place of Business

Mailing Address

*3500 Phillips Highway  
JACKSONVILLE, FL. 32207*

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

*AUG. 4 1995*

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

*59-3362295*

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

10. Name and Address of New Registered Agent

*PADRAIC EDIN MULVIHILL  
3500 Phillips Highway  
JACKSONVILLE, FL. 32207*

81 Name

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

83

84

FL 85 Zip Code

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

*Padraic Edin Mulvihill Secretary*

*May 4, 1996*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>PRESIDENT / DIRECTOR</i>
NAME	<i>JAMES R. JOHNSON</i>
STREET ADDRESS	<i>3500 Phillips Highway</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL. 32207</i>
TITLE	<i>Secretary / DIRECTOR</i>
NAME	<i>PADRAIC EDIN MULVIHILL</i>
STREET ADDRESS	<i>3500 Phillips Highway</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL. 32207</i>
TITLE	<i>TREASURER</i>
NAME	<i>PATRICIA D. SMITH</i>
STREET ADDRESS	<i>3500 Phillips Highway</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL. 32207</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Padraic Edin Mulvihill Secretary May 4, 1996*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*391-7777*