## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000085612 (6)

CORO INVESTMENT OF DUVAL, INC. Principal Place of Business Mailing Address 6900 SOUTHPOINT DRIVE NORTH 6900 SOUTHPOINT DRIVE NORTH SUITE 250 SUITE 250 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 11/06/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3343190 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANKERS, GUS **6900 SOUTHPOINT DRIVE NORTH** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 250** 83 JACKSONVILLE FL 32216 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE TITLE 1 1 TITLE Change SANKERS, GUS NAME 1.2 NAME 6900 SOUTHPOINTE DRIVE N #250 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-S1-ZIP 1.4 CITY-ST-ZIP **PCEO** ☐ DELETE Change Addition TiTi F 2.1 TITLE FRANSEN, VICTOR NAME 2.2 NAME 6900 SOUTHPOINT DRIVE NORTH SUITE 250 STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 City-St-ZIP DELETE Change Addition TITLE 3.1 TITLE HUTCHINSON, MARC C. NAME 3.2 NAME 6900 SOUTHPOINT DRIVE N. #250 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 3.4. CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IP DELETE Addition THEF 51 TIDE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 attacoment with an address.

SIGNATURE:

Gus Sankers, Exec. V.P.

4/8/98 904-2

**FILED** 

Apr 15 1998 8:00am

Secretary of State

904-296-1112