

FILE NOW: FILING FEE AFTER MAY 1-16 \$550.00

FILED

Jun 16 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 # P95000092667 (1)

1. Corporation Name

SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

4530 PARK ROAD
SUITE 300
CHARLOTTE NC 28209

4530 PARK ROAD
SUITE 300
CHARLOTTE NC 28209-3716

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HENDERSON, GENEVA P
10601 SAN JOSE BLVD.
SUITE 106
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified

12/06/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

APPLIED FOR 5-6 - 1951613

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 HENDERSON, GENEVA P.

82

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

6320 - 7 ST. AUGUSTINE ROAD

83

84

City JACKSONVILLE

FL

85

Zip Code 32217

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

Geneva P. Henderson

6-9-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D PURSER, LAT W III
4530 PARK ROAD, SUITE 300
CHARLOTTE NC 28209

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D LAFRENIERE, GENEVA P III STEPHEN J
704 S. HIGHWAY 17-92
LONGWOOD FL 32750

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D HENDERSON, GENEVA P JX
10601 SAN JOSE BLVD. SUITE 106
JACKSONVILLE FL 32257

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D VARALLO, FRANK J
5790 BRAINERD ROAD
CHATTANOOGA TN 37411

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D HINNANT, CHARLES
330 POST ROAD
DARIEN CT 06820-1725

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D MORRIS, PATRICIA D
TALLAN BLDG. TWO UNION SQ.
CHATTANOOGA TN 37402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

D LAFRENIERE, STEPHEN J.

704 S. HIGHWAY 17-92

LONGWOOD, FL

2.4 CITY - ST - ZIP ☒ Change ☐ Addition

D HENDERSON, GENEVA P.

6320 - 7 ST. AUGUSTINE ROAD

JACKSONVILLE, FL 32217

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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

Geneva P. Henderson

6-9-97

CR2E034 (9/96)