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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092667 (1)

1. Corporation Name

SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.

Principal Place of Business

4530 PARK ROAD
SUITE 300
CHARLOTTE NC 28209

Mailing Address

4530 PARK ROAD
SUITE 300
CHARLOTTE NC 28209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

56-1951673

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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
6320-7 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217

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 607.0502 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 to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PURSER, LAT W III
STREET ADDRESS 4530 PARK ROAD, SUITE 300
CITY-ST-ZIP CHARLOTTE NC 28209 ☐ DELETE

TITLE D
NAME LAFRENIERE, STEPHEN J.
STREET ADDRESS 704 S. HIGHWAY 17-92
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

TITLE D
NAME HENDERSON, GENEVA P III
STREET ADDRESS 6320-7 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME VARALLO, FRANK J
STREET ADDRESS 5790 BRAINERD ROAD
CITY-ST-ZIP CHATTANOOGA TN 37411 ☐ DELETE

TITLE D
NAME HINNANT, CHARLES
STREET ADDRESS 330 POST ROAD
CITY-ST-ZIP DARIEN CT 06820-1725 ☐ DELETE

TITLE D
NAME MORRIS, PATRICIA D
STREET ADDRESS TALLAN BLDG. TWO UNION SQ.
CITY-ST-ZIP CHATTANOOGA TN 37402 ☐ DELETE

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
2.2 NAME D LAFRENIERE, STEPHEN J.
2.3 STREET ADDRESS 704 S. HIGHWAY 17-92
2.4 CITY-ST-ZIP LONGWOOD FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D HENDERSON, GENEVA P.
3.3 STREET ADDRESS 6320-7 ST AUGUSTINE ROAD
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

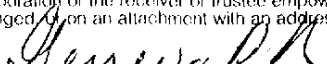
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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



4-7-98

(911) 411-1111

CR2E034 (10/97)