

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90014 037 ***550.00

DOCUMENT # **P95000092667**

1. Corporation Name

SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.

593081 - 90014 - 27



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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 6320 St Augustine Rd.

Suite, Apt. #, etc.

22 Suite #7

City & State

23 Jacksonville, FL

Zip

24 32217

Country

25 USA

2a. Mailing Address

26 6320 St. Augustine Rd.

Suite, Apt. #, etc.

27 Suite #7

City & State

28 Jacksonville, FL

Zip

29 32217

Country

30 USA

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

Geneva P. Henderson
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 ☐ DELETE
NAME **D PURSER, LAT W III**
STREET ADDRESS **4530 PARK ROAD, SUITE 300**
CITY-ST-ZIP **CHARLOTTE NC 28209**

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

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

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

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

TITLE ☐ DELETE
NAME **D MORRIS, PATRICIA D**
STREET ADDRESS **TALLAN BLDG. TWO UNION SQ.**
CITY-ST-ZIP **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
2.2 NAME **D Lafreniere, Stephen J.**
2.3 STREET ADDRESS **704 S. Highway 1792**
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 Rd.**
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: *Geneva P. Henderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 448-8007

CR2E034 (5/99)