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FILED
Mar 02 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 # P95000097900 (1)

1. Corporation Name
BLUEGRASS DEVELOPMENT, INC.

Principal Place of Business
1387 CASSAT AVENUE
JACKSONVILLE FL 32205
US

Mailing Address
1387 CASSAT AVENUE
JACKSONVILLE FL 32205
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1996

4. FEI Number
59-3352226

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

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BERG, REBECCA L
1000 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE FL 32204

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NASR, JAMILCA F
1387 CASSAT AVENUE
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
YOUNG, WILLIAM B
1387 CASSAT AVENUE
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
KEENEY, CAROLINE P
1387 CASSAT AVENUE
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DY
KERLEY, LARRY E
1387 CASSAT AVENUE
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOYNER, DAVID K
1387 CASSAT AVENUE
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, JOHN
1387 CASSAT AVENUE
JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
DP
NASR, JAMIL F.

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:  J. MICHAEL WILSON
DIRECTOR

2-24-98

904-381-5914

CR2E034 (10/97)