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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

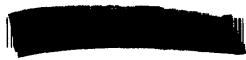
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000011437 (6)

SOLOMON & JOHNSON PROPERTIES, INC.

FILED May 07 1998 8:00am Secretary of State



1/20/90	
Principal Place of Business Mailing Address	
4324 ATLANTIC BLVD 4324 ATLANTIC BLVD	
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207	
DO NOT WRITE I	IN THIS SPACE
3. Date Incorporated or Qualified 02/06/1996	
2. Principal Place of Business 2s. Mailing Address 4. FEI Number	Applied For
21 26 59-3365806	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	SQ 75 Additional
22 5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid	
24 7 25 29 30 Personal Property Tax due June 3 9. Name and Address of Current Registered Agent 10. Name and Address of New Reg	
SULIK, JOHN J	Istered Agent
900 E ADMIC CT	
JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable	e)
63	***
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 purposition of the provision of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.	rpose of changing its registered the appointment as registered
SIGNATURE	1
Signature: 131 ect or purifical native of requiremental eyent and little if applie able: (NC)1: Rogistered Agent signature required when reinstalling)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	
TITLE D L.1 TITLE NAME SOLOMON, DOUGLAS G 1.1 TITLE 1.2 NAME	☐ Change ☐ Addition
AROA ATI ANTIO DI VO	13
IACKEONBALLE EL 20007	
CITY-ST-ZIP JACKSONVILLE PL 32201 1.4 CITY-ST-ZIP TITLE D	Change Addition
NUME SOLOMON, CLARINDA A 22 NAME	C change C Accident
STREET ADDRESS 4324 ATLANTIC BLVD 23 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32207 2.4 GITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE	Change Addition
NAME JOHNSON, ROBERT C 32 NAME	
STREET ADDRESS 335 SAN JUAN DRIVE 3.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA FL 32082 34.CITY-ST-ZIP	
TITLE DELETE 41 TITLE	Change Addition
NAME JOHNSON, LOUISE C 4.2 NAME	
STREET ADDRESS 335 SAN JUAN DRIVE 4.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA FL 32082 44 CITY-ST-ZIP	
TITLE DELETE 5.11ITLE	☐ Change ☐ Addition
NAME 5.2 NAME	45
STREET ADDRESS 5.3 STREET ADDRESS	27.7
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition ☐
	Cualific C vontion
MANY COUNTY	}
MANY COUNTY	S103

SIGNATURE:

i