

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90028 044 ***150.00

DOCUMENT # P96000025041

1. Corporation Name
OCEAN IMAGE POST, INC.

Principal Place of Business
24621 HARBOUR VIEW DR.
1
PONTE VEDRA BEACH FL 32082
US

Mailing Address
24621 HARBOUR VIEW DR
318
PONTE VEDRA BEACH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

59-3374691

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUSS, JOHN S IV
50 N. LAURA ST.
STE. 2800
JACKSONVILLE FL 32202

81 Name DUSS, John S. IV

82 Street Address (P.O. Box Number is Not Acceptable)
10110 San Jose Blvd.

83

84 City Jacksonville

FL

85 Zip Code 32257

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

2/4/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME HOWE, DEBORAH M
STREET ADDRESS 24621 HARBOUR VIEW DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME HOWE, REX R
STREET ADDRESS 24621 HARBOUR VIEW DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MASSANISO, PETER A
STREET ADDRESS 1548 THE GREENS WAY, STE. 6
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DST ☐ DELETE
NAME DUSS, JOHN S IV
STREET ADDRESS 50 N. LAURA ST., STE 2800
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DST
4.3 STREET ADDRESS DUSS, John S. IV
4.4 CITY-ST-ZIP 10110 San Jose Blvd.
Jacksonville, FL 32257

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

2/4/99

(904) 268-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John S. Duss, IV-Director/Secretary/Treasurer

CR2E034 (1/98)