

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032025 (4)

1. Corporation Name
MELMAR PROPERTIES, INC.



Principal Place of Business
12297 HIDDEN HILLS DRIVE
JACKSONVILLE FL 32225

Mailing Address
12297 HIDDEN HILLS DRIVE
JACKSONVILLE FL 32225-1851

3. Date Incorporated or Qualified 04/11/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3398389
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEFFIELD, J HOWARD
4209 BAYMEADOWS RD, SUITE 4
JACKSONVILLE FL 32217

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 _____ (Note: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STEPHENS, MARLENE A | |
| STREET ADDRESS | 12297 HIDDEN HILLS DRIVE | |
| CITY - ST - ZIP | JACKSONVILLE FL 32225 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SHACTER, MELODY D | |
| STREET ADDRESS | 12297 HIDDEN HILLS DRIVE | |
| CITY - ST - ZIP | JACKSONVILLE FL 32225 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | STEPHENS, PETER J | |
| STREET ADDRESS | 12297 HIDDEN HILLS DRIVE | |
| CITY - ST - ZIP | JACKSONVILLE FL 32225 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SHACTER, DAVID A | |
| STREET ADDRESS | 12297 HIDDEN HILLS DRIVE | |
| CITY - ST - ZIP | JACKSONVILLE FL 32225 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do 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: _____ 4/4/97 904-642-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)