

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

DOCUMENT # P96000032688

1. Corporation Name
THE CORIM GROUP, INC.

Principal Place of Business
325 WEST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address
P. O. BOX 4610
JACKSONVILLE FL 32201



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1996
4. FEI Number
59-3367661
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21		26	P.O. Box 359
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	Jacksonville FL
Zip		Zip	
24		29	32201
Country		Country	
25		30	U.S.

9. Name and Address of Current Registered Agent

WILLINGHAM, BEN H JR
325 W ADAMS ST, 6TH FL
JACKSONVILLE FL 32202

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	WILLINGHAM, BEN H JR	12 NAME	
STREET ADDRESS	325 W ADAMS ST, 6TH FL	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	SD
NAME	MCAFFEE, T J	22 NAME	Jose M. Oliver
STREET ADDRESS	325 W ADAMS ST, 6TH FL	23 STREET ADDRESS	325 West Adams Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	24 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V	31 TITLE	
NAME	EVANS, JEFFREY	32 NAME	
STREET ADDRESS	325 W ADAMS ST, 6TH FL	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	
NAME	HIGGINBOTHAM, LAUREN	42 NAME	
STREET ADDRESS	325 W ADAMS ST, 6TH FL	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	
NAME	WHITLATCH, SUSAN	52 NAME	
STREET ADDRESS	3225 W ADAMS ST, 6TH FL	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

904-355-3500

CR2E034 (11/98)

004796