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 # P96000035896

SOUTHEAST LAND CORP. OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address						((Seniod) (12 : 510 E10) Selid seria seria seria successiva cerca avocaza
916 PENMAN RD 916 PENMAN RD						
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 322				250		DO NOT WRITE IN THIS SPACE
•						3. Date Incorporated or Qualifed
						04/25/1996
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						58-2238897 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			-			5. Certificate of Status Desired \$8.75 Additional
22						5. Certificate of Status Desired Fee Required
22 27 City & State 29 City & State 29				 		
23 28						Trust Fund Contribution Added to Fees
Zip	Country Zip C		Count	untry 8. This corporation owes t		8. This corporation owes the current year Intangible
24	25	1 = 2	30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
			8	1	Name	-
BARON L. BARTLETT, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)		
50 HWY A1A, SUITE 103			L	<u> </u>		
PON	te vedra beach FL 32082		83			
			8	14	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 ablied tions of Section 607.0505, Florida Statutes. SIGNATURE Senature bond or printed name of registered agent and left if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typed or printed name of registered agent			pent	t signature required	
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE	1.1 TITLE			Change Character
NAME	27,410,74410		1.2 NAM			
STREET ADDRESS			1.3 STRE	EET.	ADDRESS	
CITY-ST-ZIP			1.4 CITY		r-zip	☐ Change ☐ Addition
TITLE	_		2.1 TITLE		1	
NAME	27,470, 50111777		2.2 NAM			
STREET ADDRESS	3007 0 10 1 21 1111 111 110		2.3 STRI	2.3 STREET ADDRESS		
CITY-ST-ZIP	0.1011.0011.11.001			2. 4 CITY-ST-ZIP		
· 1111.E				3.1 TITLE+ Fig. Fig. 1. Villes		Change پر در جاری مصدحت مصدمت علامی است.
NAME	' '		3.2 NAM	3.2 NAME		
STREET ADDRESS	SS 3		3.3 STRE	EÉT	ADDRESS	
CITY-ST-ZIP	,		3.4. CITY-		T-ZIP	
TITLE		☐ DELETE 4.1		4.1 TITLE		Change Addition
NAME	}		4. 2 NAN	4. 2 NAME		1
STREET ADDRESS	TADORESS .		4.3 STRI	4.3 STREET ADDRESS		
CITY-ST-ZIP	IT-ZIP		4.4 CITY	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL	E	T	☐ Change ☐ Addition
NAME			5.2 NAM	E		ļ
STREET ADDRESS			5.3 STRI	EET	ADDRESS	

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 (rustee entrowe) ed 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ Change

Addition

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90111 026 ***150.00