

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000101768 (5)

1. Corporation Name

Blarney Towers of Jacksonville, Inc.

Principal Place of Business

4061 Chasewood Drive
Jacksonville, FL 32225

Mailing Address

4061 Chasewood Drive
Jacksonville, FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/96

2. Principal Place of Business 21 4061 Chasewood Drive Suite, Apt. #, etc. 22 City & State 23 Jacksonville Zip 24 32225	2a. Mailing Address 26 233 East Bay Street Suite, Apt. #, etc. 27 Suite 901 City & State 28 Jacksonville, FL Zip 29 32202	4. FEI Number 59-3454788 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--

9. Name and Address of Current Registered Agent

LePrell, Samuel L.
233 East Bay Street
Suite 901
Jacksonville, FL 32202

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P,S,T,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McElvaney, Sean	1.2 NAME	
STREET ADDRESS	4061 Chasewood Drive	1.3 STREET ADDRESS	233 East Bay Street, Suite 901
CITY-ST-ZIP	Jacksonville, FL 32225	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowan, John P., Jr.	2.2 NAME	
STREET ADDRESS	4061 Chasewood Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32225	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Samuel L. LePrell
STREET ADDRESS		3.3 STREET ADDRESS	233 East Bay Street, Suite 901
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	30000251338 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/06/98--01066--015
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98

(904) 353-4433

Date

Daytime Phone #

CFR2034 (10/97)

5/6