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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. **H**ortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001721 (4)

CHARTER LLAND COMPANY

## **FILED** Feb 17 1998 8:00am Secretary of State

UNAN	ien i laind u	CIVIFANT	2/0	1/13/9	7								
Principal Plac	e of Business		Mailing	Address									
10801 SAN JOSE BLVD. 10801 SAN JOSE BLVD. SUITE 213													
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified 01/07/1997				
2. Principal f	Place of Business		2a. Maile	ng Address					4. FEI Number		XA	pplied For	
21			26								N	lot Applicable	3
Suite, Apt.	.#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired	П		Additional	
22		<b>-</b>	27									lequired	_
City & Stat	te	,	City & State						6. Election Campaign Financing			May Be	
Zip Country			Zip Cour			intru			Trust Fund Contribution			to Fees	
24							odrilly		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No				
24	25       Neme and 4	Address of Current 6	29 Peristered	Agent	30				10. Name and Address of New Re			AD INO	-
			109 steleo	Agoin		81	Name		10. Name Bita Address of 1100 ft	Aisteren	- Agent		$\dashv$
	HEFFIELD, J. HOY												
4209 BAYMEADOWS ROAD						82 Street Addi			s (P.O. Box Number is Not Accepta	ble)			
SUITE 4  UACKSONVILLE FL 32217						63							$\dashv$
	Whould the	92217											
						84	City			FL	85 Zip	Code	
11 Pureuant	to the provisions of	Sections 607 0502	and 607 150	R Florida Statut	os the al	have	namori	corpor	ration submits this statement for the			its registered	
office or i	registered agent, or	both, in the State of	Horida Sur	ch change was a	authorize	d by	the corp		n's board of directors. I hereby acce				
agentia	ım familiar with, and	d accept the obligation	ons of, Secti	ion 607.0505, Fil	orida Stat	utes	-						
SIGNATURE	Stonetice broad or printe	d name of registered agent a	and tale of anough	able (NOT	F Ranistera	d Agg	nt signature	required	when reinstating)	DATE			1_
12.		OFFICERS AND (		· - · · · · · · · · · · · · · · · · · ·	13.				ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12	∣ફે
TITLE	PD	<del></del>		DELETE	1.1 TI	TLE		VS	D		Change	X Addition	2
NAME	NAME WARE, DONALD S JR.						İ		EGORY C. BELL				1
STREET ADDRESS	E 213		1.3 STREET ADDRESS			Ρ.	O. BOX 600097 N	/A			FOR		
CITY-ST-ZIP	JACKSONVIL	LE FL 32257		_	1.4 Cf	TY-51	- ZIP	JA	CKSONVILLE FL 32260	-0097			l g
TITLE	VSTD			DELETE	2.1 1						Change	Addition	
NAME	BAUGHMAN,	CHARLES T			2.2 N/	AME	]						
STREET ADDRESS 10601 SAN JOSE BLVD., SUITE 213						2.3 STREET ADDRESS							-
CITY-ST-ZIP	JACKSONVIL			2 4 Gi)									
TITLE				DELETE	3.1 TO						☐ Change	☐ Addition	7
NAME					3 2 N/	AME							1
STREET ADDRESS					3.3 51	REET	ADDRESS						
CITY-ST-ZIP					3.4. C	ITY - S	T-ZIP						1
TITLE				DELETE.	4.1 1/1	TLE	1				☐ Change	Addition	7
NAME					4.2 N	AME	j						
STREET ADDRESS					4.3 ST	REET	ADDRESS						
CITY-ST-ZIP					4 4 CI	1Y-S1	- ZIP						
TITLE				DELETE	5.1 TIT	LE	Ţ				☐ Change	☐ Addition	7
NAME					5.2 NA	ME					•	5 Jal	,
STREET ADDRESS					5.3 S1	REET	ADDRESS				<i></i>	$AM^{*}$	
CITY-ST-ZIP					5.4 CI	IY-ST	- ZIP					<u> </u>	
TITLE				DELETE	6.1 TIT	ILE					☐ Change	☐ Addition	
NAME					6.2 NA	ME			40000243		1 4		-
STREET ADDRESS					63 ST	REET	ADDRESS		-02/17/980103	3'5 U?	:4		
CITY-ST-ZIP					6.4 CH				***150.00				_
14 Iberehur	notein ad ted Withor	mation europhod with	this filian de	ane nat culatifu fe	ir the eve	mnet	ion etata	d in Co	ection 110 07/3\(i) Florida Statutos I	further or	artifu that the	s information	1

Indicated on this annual report or supplied with this ning tools not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.