

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90049 033 \*\*\*150.00

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1. Corporation Name

CORF AMERICA OF NORTH FLORIDA, INC.



Principal Place of Business

4940-3 EMERSON ST  
JACKSONVILLE FL 32259  
US

Mailing Address

1817 BAYSIDE BLVD.  
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

59-3436702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1443 San Marco Blvd.

2a. Mailing Address

26 1443 San Marco Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2nd floor

27 2nd floor

23 Jacksonville Florida

28 Jacksonville Florida

24 32207 USA

29 32207 USA

9. Name and Address of Current Registered Agent

DURDEN, CYNTHIA W  
1817 BAYSIDE BLVD.  
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name Cynthia W. Durden

82 Street Address (P.O. Box Number is Not Acceptable)  
1443 San Marco Blvd.

83 2nd floor

84 City Jacksonville

FL

85 Zip Code 32207

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

TITLE PT ☐ DELETE  
NAME DURDEN, CYNTHIA W  
STREET ADDRESS 4940-3 EMERSON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VPS ☐ DELETE  
NAME VILAND, BERNADETTE J  
STREET ADDRESS 4940-3 EMERSON ST  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1443 San Marco Blvd 2nd floor.  
1.4 CITY-ST-ZIP Jacksonville FL 32207

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1443 San Marco Blvd 2nd floor  
2.4 CITY-ST-ZIP Jacksonville FL 32207

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Cynthia W. Durden

1-5-99

904-399-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)