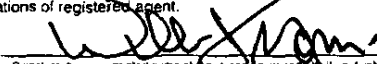
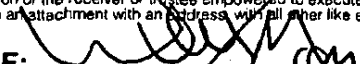


FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91286 029 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000064065			
1. Entity Name JACKSONVILLE PARKING, INC.			
Principal Place of Business 510 N JULIA STREET JACKSONVILLE, FL 32202		Mailing Address 510 N JULIA STREET JACKSONVILLE, FL 32202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3468688	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLD, KATHLEEN H ONE INDEPENDENT DR STE 2301 JACKSONVILLE, FL 32202			
7. Name and Address of New Registered Agent Name William T. Morris Street Address (P.O. Box Number is Not Acceptable) 510 N. Julia St. Jacksonville FL 32202 City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when re-instating) DATE 4/20/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	☒ Delete	
NAME	RUTH, JOHN W		
STREET ADDRESS	510 N JULIA STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE		☐ Delete	
NAME	William T. Morris		
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			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME	Principal		
STREET ADDRESS	Morris William T		
CITY-ST-ZIP	510 N. Julia St. Jacksonville FL 32202		
TITLE		☐ Change ☒ Addition	
NAME	Thomas E. Rensing		
STREET ADDRESS	510 N. Julia St.		
CITY-ST-ZIP	Jacksonville FL 32202		
TITLE		☐ Change ☒ Addition	
NAME	Eraig A. Kirkwood		
STREET ADDRESS	510 N. Julia St.		
CITY-ST-ZIP	Jacksonville FL 32202		
TITLE		☐ Change ☐ Addition	
NAME	Principal		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME	Principal		
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:  William T. Morris 4/19/04 3569197 Date Daytime Phone #			