

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 # P97000065808

1. Corporation Name
A & P DEVELOPMENT CO., INC.

Principal Place of Business
5730 BOWDEN RD., STE. 304
JACKSONVILLE FL 32216

Mailing Address
5730 BOWDEN RD., STE. 304
JACKSONVILLE FL 32216

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90139 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

-59-3459871

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 10645 Phillips Highway

Suite, Apt. #, etc.

22 Bldg 100

City & State

23 Jacksonville FL

Zip

24 32256

Country

25 Duval

2a. Mailing Address

26 10645 Phillips Highway

Suite, Apt. #, etc.

27 Bldg 200

City & State

28 Jacksonville FL

Zip

29 32256

Country

30 Duval

9. Name and Address of Current Registered Agent

JONES, RICHARD K
501 W. BAY ST.
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

TITLE D
NAME ADEEB, JOSEPH III
STREET ADDRESS 5730 BOWDEN RD., STE. 304
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D
NAME PUTNAM, RICHARD A
STREET ADDRESS 5730 BOWDEN RD., STE. 304
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Adeeb, Joseph III
1.3 STREET ADDRESS 10645 Phillips Highway, Bldg 200
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE D
2.2 NAME Putnam, Richard
2.3 STREET ADDRESS 10645 Phillips Highway, Bldg 200
2.4 CITY-ST-ZIP Jacksonville, FL 32256

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

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

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

6.1 TITLE
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: *Richard A. Putnam*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 904 880 8310
Date Daytime Phone #

CR2E034 (1/98)