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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000071081 (8)**

CG PROPERTIES OF JACKSONVILLE, INC.

FILED
May 06 1998 8:00am
Secretary of State

	1301 RIVERPLACE BLVD. 1301 RIVERPLACE BLVD.						
SUITE 1840 JACKSONVILLE EL 32207						DO NOT WRITE IN THIS SPACE	
SINGLED IN ADDR.					3. Date Incorporated or Qualified		
						08/13/1997	
2. Principal P	lace of Business	2a, Mailing Address				08/13/1997 4. FFI Number	
21						77- 3963 276 Not Applicat	
		} —₁				5. Certificate of Status Desired S8.75 Additional Fee Regulard	
City & Stat	ο					6. Election Campaign Financing \$5.00 May Be	
23	•	<u> </u>				Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intaggible		
24	25 29 30		30			Personal Property Tax due June 30. Yes 🗹 No	
	TRI RIVERPLACE BLVD. TE 1940 SWROMILLE FL 32207 Trincipal Place of Business 26. Uite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 28. Name and Address of Current Registered Agent COLLINS, JEFFREY H 1301 RIVERPLACE BLVD. SUITE 1840 JACKSONVILLE FL 32207 B1 Nam B2 Stree City & State COLLINS, JEFFREY H 1301 RIVERPLACE BLVD. SUITE 1840 JACKSONVILLE FL 32207 B3 City B3 City B4 City B5 Country B7 Country B8 City					10. Name and Address of New Registered Agent	
				81	Name		
1				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
JA	CKSONVILLE FL 32207			83			
				84	City	FL 85 Zip Code	
d District	to the previous of Postions 607	01/12 and 607 1609 Florida 5	tatutas tha a	DOV	named or		
Affice or r	registered agent, or both, in the S	tate of Florida. Such change v	vas authorize	d by	r the corpor	oration's board of directors. I hereby accept the appointment as registered	
agent. I a	im fam iliar with, and accept the of	aligations of, Section 607.0508	5, Florida Sta	tutes	i.		
SIGNATURE	State two topod or purely Linguist of two states	Lument and title it appreciable	(NOTI : Bagistere	d Ape	int signature rec	equired when reinslating) DATE	
12.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 1	TLE		☐ Change ☐ Additi	
NAME			1.2 N	AME			
STREET ADDRESS		Suite 1840	1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	_	1.4 C	ITY-S	T-ZIP		
TITLE	•	DELETE	21 T	TLE		Change Addit	
NAME			22 N	AME			
STREET ADDRESS		SUITE 1840	238	TREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207			HY-9	šT-ZIP		
TITLE		L DELETE	3.1 T	TLE		Change Addit	
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS		
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CITY-ST-ZIP		DE ETE			1 - ZIP	☐ Change ☐ Addit	
TITLE		☐ DELETE	6,1 7	HLE			

6.3 STREET ADDRESS

14. 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 clyling or on an attachment with an address.