

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000078386 (4)**
1. Corporation Name
ATLANTIC DEVELOPMENT CORPORATION OF JACKSONVILLE



Principal Place of Business 8351 WEST PORT ROAD JACKSONVILLE FL 32244	Mailing Address 8351 WEST PORT ROAD JACKSONVILLE FL 32244
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7800 BELFORT PKW Suite, Apt. #, etc. 22 SUITE 200 City & State 23 JACKSONVILLE Zip 24 32256		2a. Mailing Address 26 7800 BELFORT PKW Suite, Apt. #, etc. 27 SUITE 200 City & State 28 JACKSONVILLE Zip 29 32256		3. Date Incorporated or Qualified 09/10/1997	
4. FEI Number 59-2331345		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CRABTREE, R R 8375 DIX ELLIS TRAIL SUITE 401 JACKSONVILLE FL 32258				10. Name and Address of New Registered Agent 81 Name JOHN D. HOURIHAN 82 Street Address (P.O. Box Number is Not Acceptable) 7800 BELFORT PKW 83 SUITE 200 84 City JACKSONVILLE FL 85 Zip Code 32256			
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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]* (NOTE: Registered Agent Signature required when reinstating) DATE **7/17/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOWERS, WILLIAM B JR.			1.2 NAME	WILLIAM J. ASH		
STREET ADDRESS	8351 WEST PORT ROAD			1.3 STREET ADDRESS	7800 BELFORT PKW		
CITY-ST-ZIP	JACKSONVILLE FL 32244			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOWERS, JOHN			2.2 NAME	JAMES J. FURLONG		
STREET ADDRESS	8351 WEST PORT ROAD			2.3 STREET ADDRESS	7800 BELFORT PKW		
CITY-ST-ZIP	JACKSONVILLE FL 32244			2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	JOHN D. HOURIHAN		
STREET ADDRESS				3.3 STREET ADDRESS	7800 BELFORT PKW		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	JACKSONVILLE FL 32256		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *[Signature]* **VP** **7/17/98** **904 394-1900**

CR2E034 (5/98)