

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED ANNUAL REPORT

DOCUMENT # P97000081391
 1. Entity Name
JACKSONVILLE HOLDINGS, INC.



FILED
 03 JUL 10 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE IMESON PARK BLVD
 Suite, Apt. #, etc.
BUILDING 100
 City & State
JACKSONVILLE, FL
 Zip
32218 Country

3. Mailing Address
3502 HENDERSON BLVD
 Suite, Apt. #, etc.
2ND FLOOR
 City & State
TAMPA, FL
 Zip
33609 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3468276 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
WEBB, CAREY W

Street Address (P.O. Box Number is Not Acceptable)
3502 HENDERSON BLVD

2nd FLOOR

City TAMPA FL Zip Code 33609

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DP</u> <u>NEWTON, W. ARIS</u> <u>ONE IMESON PARK BLVD BUILDING 100</u> <u>JACKSONVILLE, FL 32218</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300021464363</u> <u>07/10/03--01063--006 **\$61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>NEWTON, R. PARK III</u> <u>3502 HENDERSON BLVD 2nd FLOOR</u> <u>TAMPA, FL 33609</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DCEF</u> <u>WEBB, W. CAREY</u> <u>3502 HENDERSON BLVD 2nd FLOOR</u> <u>TAMPA, FL 33609</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>THORNBRUGH, J. DANIEL</u> <u>4959 BAYSHORE BLVD</u> <u>TAMPA, FL 33611</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. Carey Webb W. Carey Webb CEO 7/8/03 (813) 870-2220
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jk 7/10