

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000085629 (8)

1. Corporation Name  
MAYPORT ADVISORS, INC.



Principal Place of Business

5515-3 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207

Mailing Address

5515-3 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

58-2351545

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 or has paid the current year Intangible  
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 2117 UNIVERSITY BLVD. S.  
Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL

24 Zip 32216 25 Country USA

2a. Mailing Address

26 UNIVERSITY BLVD. S.  
Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE FL

29 Zip 32216 30 Country USA

9. Name and Address of Current Registered Agent

MCQUAIG, DAVID H  
5515-3 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207

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 MCQUAIG, DAVID H  
STREET ADDRESS 5515-3 PHILLIPS HIGHWAY  
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P/C/T  
12 NAME BARCELO, BRUCE E.  
13 STREET ADDRESS 1625 RIVER OAKS RD.  
14 CITY-ST-ZIP JACKSONVILLE, FL 32207

☐ Change

☒ Addition

21 TITLE D/V/S  
22 NAME SCHMIDT, JOSEPH D.  
23 STREET ADDRESS 3924 ORTEGA BLVD.  
24 CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Change

☒ Addition

31 TITLE D/V  
32 NAME LIBBY, JOHN H.  
33 STREET ADDRESS 5039 TIMUQUANA RD. #80  
34 CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Change

☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change

☐ Addition

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 authorized 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

Joseph D. Schmidt 4/30/98

(904) 331-1955

CR2E034 (10/97)