

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90207 031 ***150.00

DOCUMENT # P97000091274

1. Corporation Name

GREYSTONE DEVELOPMENT OF JACKSONVILLE, INC.

Principal Place of Business

4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

59-3474670

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 3728 Phillips Hwy.

Suite, Apt. #, etc.

22 39

City & State

23 JACKSONVILLE, FL

Zip

24 32207 25 U.S.A.

2a. Mailing Address

26 3728 Phillips Hwy.

Suite, Apt. #, etc.

27 39

City & State

28 JACKSONVILLE, FL

Zip

29 32207 30 U.S.A.

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

Philip B. Phillips, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

3728 Phillips Hwy., # 39

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0902 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

4/28/99

12. OFFICERS AND DIRECTORS

TITLE VSD ☒ DELETE

NAME SCHULTZ, JOHN R
STREET ADDRESS 118 W ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PTD ☒ DELETE

NAME ANGELO, MARC
STREET ADDRESS 118 W ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE P ☐ DELETE

NAME PHILIP B. PHILLIPS, JR.
STREET ADDRESS 3728 PHILLIPS HWY., # 39
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1363 San Jose Blvd - Bldg 300
1.4 CITY-ST-ZIP Jacksonville, FL 32223

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1363 San Jose Blvd - Bldg 300
2.4 CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (904) 396-9960

003759

CR2E034 (11/98)