

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90011 022 \*\*\*150.00

0044357

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000100264**

1. Corporation Name  
**VESTCOR PARTNERS XIV, INC.**

Principal Place of Business

**3030 HARTLEY ROAD  
SUITE 100  
JACKSONVILLE FL 32257**

Mailing Address

**3030 HARTLEY ROAD  
SUITE 100  
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/25/1997**

4. FEI Number

**59-3479454**

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**FARRELL, MARK T  
3030 HARTLEY ROAD  
SUITE 100  
JACKSONVILLE FL 32257**

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

**ROOD, JOHN D**

STREET ADDRESS

**3030 HARTLEY RD, STE 100**

CITY-STATE-ZIP

**JACKSONVILLE FL 32257**

TITLE

VS

NAME

**FARRELL, MARK T**

STREET ADDRESS

**3030 HARTLEY ROAD SUITE 100**

CITY-STATE-ZIP

**JACKSONVILLE FL 32257**

TITLE

T

NAME

**SMITH, BERNARD E**

STREET ADDRESS

**3030 HARTLEY ROAD SUITE 100**

CITY-STATE-ZIP

**JACKSONVILLE FL 32257**

TITLE

V

NAME

**PACKARD, KRISTEN K**

STREET ADDRESS

**3030 HARTLEY ROAD SUITE 100**

CITY-STATE-ZIP

**JACKSONVILLE FL 32257**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP

1.2 NAME

**ROOD, JOHN D.**

1.3 STREET ADDRESS

**3030 HARTLEY ROAD, SUITE 100**

1.4 CITY-STATE-ZIP

**JACKSONVILLE, FL 32257**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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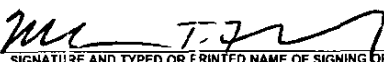
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 a letter like empowered.

SIGNATURE:



MARK T. FARRELL

4-23-99

(904) 260-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)