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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101468 (1)

CORE CONCEPTS OF JACKSONVILLE, INC.

Principal Plac	ce of Business	Mailing Address		1	arat tibit atata Bildi füre 1901
1598 RAINBI		1598 RAINBIRD COURT			
JACKSONVIL	LE FL 32225	JACKSONVILLE FL 3222	5	DO NOT WRITE IN THIS	SPACE
1				3. Date Incorporated or Qualified	
				12/01/1997	
2. Principal F	Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		59-3483208	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25 25 Name and Address of Curre	nt Desistered Asset	30]	Personal Property Tax due June 30.	Yes No
-		ur vediareren videur	81 Name	10. Name and Address of New Registered	2 Agent
	RADHAM, BARBARA		Julian Parine		
	198 RAINBIRD COURT		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
Į JA	CK SO NVILLE FL 32225		83		
)	•		(65)		
			84 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607 051	02 and 607 1508 Florida Status	tos the above-named corr		- / 1
office or	registered agent, or both, in the State	of Horida. Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
l	am lamıllar with, and accept the oblig	Jations of, Section 607,0505, FI	onda Statutes.		
SIGNATURE	Signature, typed or proded name of registered as	ent and little d'applicable (NO)	If Registered Agent signature requi	red when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TOTLE		Change Addition
NAME	Bradham, Barbara		1,2 NAME		Γ.
STREET ADDRESS	1598 RAINBIRD COURT				l:
CITY-ST-ZIP			1.3 STREET ADDRESS		
TITLE	JACKSONVILLE FL 32225		1.3 STREET ADDRESS 1.4 CFTY- ST- ZIP		
, title	JACKSONVILLE FL 32225	☐ DELETE			☐ Change ☐ Addition
NAME	JACKSONVILLE FL 32225	☐ DELETE	1.4 CHY-ST-ZIP		☐ Change ☐ Addition
ì	JACKSONVILLE FL 32225	☐ DELETE	1.4 CFTY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	JACKSONVILLE FL 32225		1.4 CHY-ST-ZIP 21 TITLE 2.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	JACKSONVILLE FL 32225	☐ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

CIGNATURE De Lucy Succession

4-20-98

904-9280111

FILED

May 20 1998 8:00am

Secretary of State