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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000102195 (9)

HENRIETTA A. DEANE PROPERTY, INC.

**FILED** Apr 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
4215 SOUTHPOINT BLVD.  SUITE 100  JACKSONVILLE FL 32216  4215 SOUTHPOINT BLVD.  SUITE 100  JACKSONVILLE FL 32216  4215 SOUTHPOINT BLVD.  SUITE 100  JACKSONVILLE FL 32216								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
								12/04/1997
	lace of Busines	\$	<u> </u>	2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	# atc		Suite, Apt. #, etc.					
22		27	27				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	θ	28 City & 5	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country	Zip	Zip Country				8. This corporation owes or has paid the current year Intangible
24	25 29				30			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	H <b>ne</b> ider, M					81	Name	
100 NATIONAL FINACIAL BUILDING 4215 SOUTHPOINT BLVD.						62	Street Ac	ddress (P.O. Box Number is Not Acceptable)
	CK80NVILLE				83	· <del></del>		
					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 ruoffice 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, or both, in the State of Florida.								orporation submits this statement for the purpose of changing its registered ration'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 registere	d agent and title if applicable	10N) e	F: Registered	Age	nt signature re-	quired when reinstating) DATE.
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1 TO	LFE	ľ	DIPISIT Change Addition
NAME	<b>DE</b> ANE, H		1.2 NA				Deane Henrietta A.  Deane Henrietta A.  10263 Whispering Forest Dr. # 1202	
STREET ADDRESS		EST DR. #1202	DR. #1202 1.3 STI			ADDRESS /	10263Whispering Forest LL # 1000	
CITY-ST-ZIP	JACKSUN	VILLE FL 32257		Dr. tyr	1.4 CI		T-ZIP	Dacksonville, FL 32257
TITLE			1	DELETE	2.1 70			Change Addition C
NAME					2.2 N/		4000000	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP  TITLE DELETE					2. 4 U 3.1 TII	_	ST-ZIP	Change Addition
NAME			,	PLEETE	3.2 NA			C. Orlange C. Fuodinon
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	l				3.4. C			
TITLE			<del></del>	DELETE	4.1 111		-	Change Addition
NAME					4. 2 N	AME	Ì	
STREET ADDRESS					4.3 ST	REET	ADDRESS	
CITY-ST-ZIP					4.4 CI	Y- \$1	T-ZIP	
TITLE				DELETE	5.1 11			Change Addition
NAME					52 NA	ME	1	
STREET ADDRESS					5.3 ST	REET	ADDRESS	
CITY-ST-ZIP					5.4 CI	IY-\$1	T - <b>Z</b> IP	
TITLE	<del></del>			DELETE	6.1 7(1			☐ Change ☐ Addition
NAME					6.2 NA	ME	ĺ	
STREET ADDRESS					6.3 51	REET	ADDRESS	
CITY-ST-ZIP					6.4 CI	Y-S1	r- 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.