021919 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90018 025 ***150.00

	1999	DIVISION OF	CORPORATION	S	02-19-19	<i>)</i>	J 150.0	
1		001287		,				
C. DAN	IIEL RICE, P.A.							
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2: 5:15								
1 '	•	Mailing Address			a reamiten ann annt eftiti datt aftit der	vi samin dišine liktal čidi	R) (A) (B)	
		50 NORTH LAURA STREET	. Suite 3300					
SHOUSOHAILL	E FL SECUE	JAUKSUMMLLE FL 32202			DO NOT WRITE #	THIS SPACE		
					3. Date Incorporated or Qualified	017102		
	<u> </u>				01/07/1998			
— ·	Place of Business	<u> </u>			4. FEI Number		pplied For	
Suite, Ap	f # alc		 _		59-3486662		lot Applicable	
22	. 7, 50.	⊢			5. Certificate of Status Desired		Additional lequired	
City & Sta	ite	City & State			8. Election Campaign Financing			
23		28	- ~	-	Trust Fund Contribution		May Be	
Zip	·	Zìp	Country		8. This corporation owes the current ye		,	
24		29	30		Personal Property Tax.	☐ Yes	□No	
	3. Name and Address of Current	registerea Agent	81 Na	me	10. Name and Address of New Regis	ered Agent		
RICE, C. DANIEL								
		00	82 Str	eet Addres	BS (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32202		83	83					
	MENT # P9800001287 IEL RICE, P.A. De of Business Mailing Address JRA STREET. SUITE 3300 50 NORTH LAURA STREET ACKSONVILLE FL 32202 Place of Business 2a. Mailing Address Place of Business 2a. Mailing Address Zo Suite, Apt. #. etc. 27 City & State 28 Country Zip 29 9. Name and Address of Current Registered Agent C. DANIEL ORTH LAURA STREET, SUITE 3300 (SONVILLE FL 32202 To the provisions of Sections 607.0502 and 607.1508, Florida State egistered agent, or both, in the State of Florids. Such change was in familiar with, and accept the obligations of, Section 607.0505, Florids.		84 Cit			10-17:-	Codo	
			[[]				Code	
office or	registered agent, or both, in the State o	and 607.1508, Florida Statute I Florida. Such change was au	s, the above-naπ thorized by the o	red corpor orporation	ation submits this statement for the purpo's board of directors. I hereby accept the	se of changing its	registered	
	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statulés.			Apparation as to	igistorou	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ura required w	rhum rainatatung) DA			
12.			13.		ADDITIONS/CHANGES TO OFFICER		DRS IN 12	
TITLE		☐ DELETE	1.1 TITLE			☐ Change	Addition	
HAME			1.2 NAME				ł	
STREET ADDRESS		FE 3300	1.3 STREET ADDRE	ess				
TITLE	JACKSUNVILLE FL 32202	□ nelete	1.4 CITY, ST-ZIP 2.1 TITLE				7.4	
NAME			2.7 THE 2.2 NAME	İ		☐ Change	☐ Addition	
STREET ADDRESS			23 STREET ADORE				[
CITY-ST-ZIP			2.4 CITY-ST-ZIP	-			İ	
TITLE		☐ DELETE	3.1 TITLE	 -		☐ Change	Addition	
NAME			3.2 NAME	-			_	
STREET ADDRESS		•	3.3 STREET ADDRE	ss	· - ·			
TITLE		Delese	14. CITY-81-ZIP					
NAME		T: nertile	4.1 TITLE	- }	•	Change	Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET ACCRES				. [
CITY-ST-ZIP			4.4 CITY-ST-ZIP	**			- 1	
TITLE		☐ DELETE	5.1 T/TLE			Change	Addition	
NAME			52 NAME	1		<u> </u>	_	
STREET ADDRESS			5.3 STREET ADDRES	is .			i	
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE NAME		☐ DELETE	6.1 TITLE	Ì		Change	Addition	
STREET ADDRESS			62 NAME	_		•		
CITY-ST-ZIP			6.3 STREET ADDRES 6.4 CITY-ST-ZIP	NO.		•	1	
4.4 1.5			VA (411-01-20	.1			1	

14. I hereby certify that the information supplied with this filling 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 cath; 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

2/2/99