

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90031 046 ***150.00

DOCUMENT # P98000002697

1. Entity Name
HGL PROPERTIES G.P., INC.



Principal Place of Business
8120 NATIONS WAY
STE 202
JACKSONVILLE, FL 32216

Mailing Address
8120 NATIONS WAY
STE 202
JACKSONVILLE, FL 32216

40052612



DO NOT WRITE IN THIS SPACE

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3494192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REINSCH, MARK A ESQ
2700 LAKE SHORE BLVD
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JAMES P JR
STREET ADDRESS	8120 NATIONS WAY STE 202
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	NEWTON, RUSSELL B JR
STREET ADDRESS	1400 W. FORSYTH STREET., STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	NEWTON, RUSSELL B III
STREET ADDRESS	1400 W. FORSYTH STREET., STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	MANN, WILLIAM R
STREET ADDRESS	1400 W. FORSYTH STREET., STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	STOUT, WILLIAM W
STREET ADDRESS	8120 NATIONS WAY., STE 202
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/08 904-286-3444
Date Daytime Phone #