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**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90017 019 \*\*\*150.00

0037379

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000011277**

1. Corporation Name

**PARTNERS COMMERCIAL INVESTMENTS, INC.**

Principal Place of Business

4215 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

59-3490832

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ANSBACHER, LAWRENCE V  
4215 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216

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 ☐ DELETE  
NAME SCHULTZ, JOHN  
STREET ADDRESS 118 W ADAMS STREET 4TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE  
NAME ANGELO, MARC C  
STREET ADDRESS 118 W ADAMS STREET 4TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME John Schultz  
1.3 STREET ADDRESS 11363 San Jose Blvd. Bldg 300  
1.4 CITY-ST-ZIP Jacksonville, FL 32223

2.1 TITLE D/P/S ☒ Change ☐ Addition  
2.2 NAME Marc Angelo  
2.3 STREET ADDRESS 11363 San Jose Blvd. Bldg 300  
2.4 CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

5/27/99

904-268-2247

CR2E034 (11/98)