


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90089 029 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000016724**

1. Corporation Name

**LIGHTHOUSE PROPERTIES OF JACKSONVILLE, INCORPORATED**

Principal Place of Business

 928 FRUITWOOD DR.  
 JACKSONVILLE FL 32259

Mailing Address

 928 FRUITWOOD DR.  
 JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

59-3491816

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

27 City &amp; State

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

 MOSES, MICHAEL N  
 928 FRUITWOOD DR.  
 JACKSONVILLE FL 32259

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

1.1 TITLE

 NAME *President*  
 STREET ADDRESS *Larry Franklin*  
*1354 Leland Avenue*  
 CITY-ST-ZIP *Jacksonville, FL 32205*
☐ DELETE

1.2 TITLE

 NAME *Vice-President*  
 STREET ADDRESS *Ben Montgomery Drive*  
*4713 Club Course*  
 CITY-ST-ZIP *North Charleston, S.C. 29420*
☐ DELETE

1.3 TITLE

 NAME *Vice-President*  
 STREET ADDRESS *Mike Moses*  
*928 Fruitwood Drive*  
 CITY-ST-ZIP *Jacksonville, FL 32259*
☐ DELETE

1.4 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

1.5 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

1.6 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

1.7 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

1.8 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

1.9 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

1.10 TITLE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

*Michael N. Moses*

Michael N. Moses

1-19-99

904-287-4243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)