

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90152 005 \*\*\*150.00

DOCUMENT # **P98000017965**

1. Corporation Name

**MAYPORT ORCHID TRACE, INC.**



Principal Place of Business

Mailing Address

**1730 KINGSLEY AVENUE SUITE E  
ORANGE PARK FL 32073**

**1730 KINGSLEY AVENUE SUITE E  
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/24/1998**

4. FEI Number

**59-3495462**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

2a. Mailing Address

**21 13698 Bromley Pt Dr**  
Suite, Apt. #, etc.

**26 13698 Bromley Pt Dr**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 JACKSMVILLE, FL**  
Zip Country

**28 JACKSMVILLE, FL**  
Zip Country

**24 32225** **25 Duval**

**29 32225** **30 Duval**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, JAMES RICKY  
1730 KINGSLEY AVENUE SUITE E  
ORANGE PARK FL 32073**

**81 Name**  
**Bob Alligood**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**13698 Bromley Pt Dr**

**83**

**84 City**  
**JACKSMVILLE**

**FL**

**85 Zip Code**  
**32225**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE** **D** ☒ DELETE  
**NAME** **WOOD, JAMES RICKY**  
**STREET ADDRESS** **1730 KINGSLEY AVENUE SUITE E**  
**CITY-ST-ZIP** **ORANGE PARK FL 32073**

**1.1 TITLE** **D** ☐ Change ☒ Addition  
**1.2 NAME** **Bob Alligood**  
**1.3 STREET ADDRESS** **13698 Bromley Pt Dr**  
**1.4 CITY-ST-ZIP** **JACKSMVILLE, FL 32225**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**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 #

**4/15/99**

CR2E034 (11/98)