

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90079 024 ***150.00

DOCUMENT # P98000019703

1. Corporation Name

THE RIGHT SIDE MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

50 NORTH LAURA STREET #3100
JACKSONVILLE FL 32202

50 NORTH LAURA STREET #3100
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

59-3500121

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANT, WILLIAM P ESQ
BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET - SUITE 3100
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BRANT, MARGARET R
STREET ADDRESS 1181 SPENCER LANE
CITY-ST-ZIP JACKSONVILLE FL 32259

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WALSKI, GREG
STREET ADDRESS 59 SOUTH ST. ANDREWS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32174

2.1 TITLE DP ☐ Change ☐ Addition
2.2 NAME Walski, Greg
2.3 STREET ADDRESS 59 South St. Andrews Drive
2.4 CITY-ST-ZIP Jacksonville, FL 32174

TITLE D ☐ DELETE
NAME BECKY, CHARLES
STREET ADDRESS 1660-5 BEACH AVENUE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

3.1 TITLE VPD ☐ Change ☐ Addition
3.2 NAME Becky, Charles
3.3 STREET ADDRESS 1660-5 Beach Avenue
3.4 CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE D ☐ DELETE
NAME BRANT, WILLIAM P
STREET ADDRESS 50 NORTH LAURA STREET #3100
CITY-ST-ZIP JACKSONVILLE FL 32202

4.1 TITLE DS ☐ Change ☐ Addition
4.2 NAME Brant, William P.
4.3 STREET ADDRESS 50 North Laura Street, #3100
4.4 CITY-ST-ZIP Jacksonville, FL 32202

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)