

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90005 026 \*\*\*550.00

DOCUMENT # **P98000041339**

1. Corporation Name

**INMAN CAPITAL COMPANY**

Principal Place of Business

SUITE 302  
250 LAKESIDE DRIVE  
JACKSONVILLE FL 32210

Mailing Address

SUITE 302  
4250 LAKESIDE DRIVE  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1998**

4. FEI Number

**59-3508186**

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.

☐ Yes ☐ No

1. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**INMAN, WILLIAM O III**  
**SUITE 302**  
**4250 LAKESIDE DRIVE**  
**JACKSONVILLE FL 32210**

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

I, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> DELETE
2. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. NAME	<input type="checkbox"/> DELETE
5. STREET ADDRESS	
6. CITY-STATE-ZIP	
7. NAME	<input type="checkbox"/> DELETE
8. STREET ADDRESS	
9. CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> DELETE
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. STREET ADDRESS	
15. CITY-STATE-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	<b>INMAN, WILLIAM O III</b>
1.4 CITY-STATE-ZIP	<b>4250 LAKESIDE DR, STE 302</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	<b>JACKSONVILLE, FL 32210</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 a new block with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**9-9-99 904-389-4900**

CR2E034 (5/99)

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