PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000058238

DOWNTOWN BUSINESS CENTERS, INC.

Principal Place of Business

200 W FORSYTH ST SUITE #400 JACKSONVILLE FL 32202

Mailing Address

200 W FORSYTH ST SUITE 1400 JACKSONVILLE FL 32202

FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90007 038 ***150.00



DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

				06/29/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
21 17	Endependent Driv	e 26 I Indepen	.derT	Drive	59-35)9690	No	ot Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	T	Additional equired	
					& Election Compaign Financing			
				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Zip	Country		8. This corporation owes the current year	<u> </u>		
24 322	02 25 USA	29 32202 30	ו ו	1SA	Intangible Personal Property.	Yes [No	
<u> </u>	9. Name and Address of Curren			10. Name and Address of New Registered Agent				
81 Name								
LEAPLEY, ROBERT A 200 W FORSYTH ST, SUITE 1400 JACKSONVILLE FL 32202			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			02	Street Address (P.O. Box Number is Not Acceptable)				
			83					
1 1			0.4	0.1		les l Zio	Code	
	#, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. City & State Country PLEY, ROBERT A W FORSYTH ST, SUITE 1400 KSONVILLE FL 32202 It to the provisions of sections 607.0502 and 607.1508, Florida Statute registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, section 607.0505, Florida Statute am familiar with, and accept the obligations of, section 607.0505, Florida Statute registered agent, or both, in the State of Florida. Such change was a familiar with, and accept the obligations of, section 607.0505, Florida Statute registered agent, or both, in the State of Florida. Such change was a familiar with, and accept the obligations of, section 607.0505, Florida Statute registered agent, or both, in the State of Florida. Such change was a familiar with, and accept the obligations of, section 607.0505, Florida Statute registered agent.		84	City	FL	85 Zip 1	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)								
				Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	3DC IN 42	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	_	DELETE	1.1 TITLE	Į.	L	Change	Addition	
NAME			1.2 NAME	ļ				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE	Ì	L	Change	Addition	
NAME			2.2 NAME	l				
STREET ADDRESS			2.3 STREET	TADDRESS	and the second of the second of			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP				
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NAME			3.2 NAME	ļ				
STREET ADDRESS			3.3 STREET	T ADDRESS				
C:TY-ST-ZIP			3.4 CITY-ST	T-ZIP			_	
TITLE		☐ DELETE	4.1 TITLE	Į	L	Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS		i	4.3 STREET	ADDRESS				
City-St-zip			4.4 CITY-ST	T-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-Z!P				
TITLE		DELETE	6.1 TITLE		· [Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-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.

SIGNATURE:

ECClay Burr Cross 7/28/99 904 356-9992

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7-28-99

To whom it may concern,

I just received this late notice and Annual Report, from my attorney. Last December, I called the 850 #, and requested my address be changed. I also was told that my year end tax form had an area to accomplish the same. Somehow my mailing address was never changed and my attorney never received a first notice. Please accept this updated Annual Report with new address and the \$150.00 filing fee. In the future, I will make sure that I will contact you all if I have not received the annual report, by the due date. Your understanding in this matter would be greatly appreciated.

Sincerely,

Clay B. Cross

Owner