

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  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90076 006 \*\*\*150.00

DOCUMENT # P98000063282

1. Corporation Name  
SB JAX HOLDINGS, INC.

Principal Place of Business Mailing Address  
\*\*\* OTERO, LARSEN, DAWSON & TRAYLOR, PA MILAM, OTERO, LARSEN, DAWSON & TRAYLOR, PA  
1301 RIVERPLACE BLVD., SUITE 1301 1301 RIVERPLACE BLVD., SUITE 1301  
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

59 3523286

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

MILAM, OTERO, LARSEN

26 MILAM, OTERO, LARSEN, DAWSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2750, 50 NORTH LAURA ST.

27 2750, 50 NORTH LAURA STREET

City & State  
JACKSONVILLE, FLORIDA

City & State  
JACKSONVILLE, FLORIDA

Zip Country  
FL 32202 25 USA

Zip Country  
FL 32202 30 USA

9. Name and Address of Current Registered Agent

MOTOLAW, INC.  
MILAM, OTERO, LARSEN, DAWSON & TRAYLOR, PA  
1301 RIVERPLACE BLVD., SUITE 1301  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street

83

Suite 2750

84 City

Jacksonville

FL

85 Zip Code

32202

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

TITLE D ☐ DELETE  
NAME CHARTOUNI, NABIL E  
STREET ADDRESS 73 BROOK STREET  
CITY-ST-ZIP LONDON W14 1YE ENGLAND

TITLE D ☐ DELETE  
NAME SUTHERLAND, BARBARA  
STREET ADDRESS 73 BROOK STREET  
CITY-ST-ZIP LONDON W14 1YE ENGLAND

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME CHARTOUNI, NABIL E  
1.3 STREET ADDRESS 73 BROOK STREET  
1.4 CITY-ST-ZIP LONDON W14 1YE ENGLAND

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

3.1 TITLE VPT ☐ Change ☒ Addition  
3.2 NAME VAGHADIA, VINOD  
3.3 STREET ADDRESS 73 BROOK STREET  
3.4 CITY-ST-ZIP LONDON W14 1YE ENGLAND

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME LAPWOOD, CAROL  
4.3 STREET ADDRESS 73 BROOK STREET  
4.4 CITY-ST-ZIP LONDON W14 1YE ENGLAND

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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

APRIL 28 1999

Date

Daytime Phone #

CR2E034 (11/98)