May 06, 1999 8:00 am Secretary of State

05-06-1999 90068 033 ***150.00

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

DOCUMENT # P98000065629

1. Corporation Name

SAN MARCO INVESTMENT PROPERTY, INC.

Principal Place of Business Mailing Address							
2761 WHITE OA		2761 WHITE OAK LANE					
JACKSONVILLE	FL 32207	JACKSONVILLE FL 32207	CKSONVILLE FL 32207				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 07/27/1998
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21	26					59 - 352 4289 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					S8 75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State	e	City & State					6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip				Country			8. This corporation owes the current year Intangible
24	25	29	30				Personal Property Tax.
	9. Name and Address of Current	Registered Agent		81	L NI	ame	10. Name and Address of New Registered Agent
BRANT, MOORE, MACDONALD & WELLS, P.A.							
50 NORTH LAURA STREET				82 Street Add		reet Addre	ss (P.O. Box Number is Not Acceptable)
SUITE 3100				83			
JACK	(SONVILLE FL 32202		L		<u>_</u>		
				84	City		FL 85 Zip Code
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stati	ites.	i.		n's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND DIRECTORS		13.	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE			1.1 TITLE			Change Addition
NAME	TOOL, STEPHEN J JR.			1.2 NAME			
STREET ADDRESS 2761 WHITE OAK LANE			1.3 ST	1.3 STREET ADDRESS		RESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP			☐ Change ☐ Addition
TITLE				2.1 TITLE			
NAME	RUSSELL, ERNEST J			2.2 NAME			
STREET ADDRESS 1230 RIVER OAKS ROAD			2.3 STREET ADDRESS			}	
CITY-ST-ZIP	JACKSONVILLE FL 32207 □ DELETE		_	2. 4 CITY-ST-ZIP 3.1 TITLE		<u>' </u>	☐ Change ☐ Addition
TITLE NAME			ı	3.2 NAME			<u> </u>
	4000 PRIED CARO DOAD			3 3 STREET ADDRESS		RESS I	
STREET ADDRESS				3.4. CITY-ST-ZIP		i i	
CITY-ST-ZIP TITLE			_	1 TITLE			☐ Change ☐ Addition
NAME	1			4. 2 NAME			
STREET ADDRESS			43 ST	REET	T ADD	RESS	ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	☐ DELETE		5 1 TF	51 TITLE			☐ Change ☐ Addition
NAME			5.2 NA				
STREET ADDRESS			5.3 \$1				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	_	☐ DELETE	6.1 TT	ΠE			☐ Change ☐ Addition

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 trystee simpowered 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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 30 290

396-3734 Dayline Phone # :R2E034 (11/98)