Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90046 010 \*\*\*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 # P98000088157

1. Corporation Name

DUVAL S	STATION DEVELOPERS, INC	,						
Principal Place	of Business	Mailing Address			—	(	1 <b>0101   0101   1610</b> 1	
9551 BAYMEADOWS RD SUITE 4 9551 BAYMEADOWS RD SUIT JACKSONVILLE FL 32256 JACKSONVILLE FL 32256			SUITE 4					
		•				DO NOT WRITE IN T	H S SPACE	
					3. Date Incorpo	rated or Qualifed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu mber			App ied For
21		26			59-353	9386		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired	<b>*</b>	5 Ac ditional Required
City & State	9	City & State			6. Election Can Trust Fund C	npaign Financing		00 May Be ed to Fees
Zip	Country	Zip	Cor	untry	8. This corporat	tion owes the current yea	r Intangible	
24	25	29	30		Personal Pro	<del></del>	Yes	[]No
	9. Name and Address of Current	Registered Agent		,	10. Name and A	Address of New Register	re 1 Agent	
	AT 0110107001150 1			81 Name	KES, E CHESTE	R JR		
HURST, CHRISTOPHER J				82 Street	Address (P.O. Box Num	her is Not Acceptable)		
4540 SOUTHSIDE BLVD., SUITE 302				955	Address (P.O. Box Numi 1 BAYMEADOWS	RD SUITE 4'		
JACKSONVILLE FL 32216				83				
				84 City JAC	KSONVILLE		<b>F</b> L 85 32	in Code 256
11. Pursuant to office or reagent. I ar	to the provisions of Settions 607.0502 egistered agent, or both, in the State o m familiar with, and arcept the obligati	and 607.1508, Florida Statu Florida. Such change was ms of, Section 607.0505, Florida	es, the a authorize arida Sta	1		ors. I nereby accept the ap	pp эпипени as	its registered registered
SIGNATURE	\ \ \ / /////////					4/2	!3/99 E	
	Signature, typed or printed has vel of registered agent				equired when reinstating)			7050 11140
12.	OFFICERS AND		13.		ADDITIONS/O	CHANGES TO OFFICERS	S AND DIREC	
TITLE	D	Ď DELETE	1.1 T			record to	_1 Chang	ge AJ Addition
NAME	HURST, CHRISTOPHER			STOKES, E CHESTER			. ,	
STREET ADDRE IS			1.3 S	STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4		. 4		
CITY-ST-ZIP	JACKSONVILLE FL 32216			CITY-ST-ZIP	JACKSONVILLE	FL 32256		
TITLE	DELETE		2.1 T	ITLE	(L)		Chang	ge 🔀 Addition
NAME			2.2 N	IAME	PUTNAL, JAME	S E		
STREET ADDRESS			2.3 9	TREET ADDRESS	9551 BAYMEAD	OWS RD SUITE	: 4	
CITY-ST-ZIP	2.4		CITY-ST-ZIP	JACKSONVILLE	FL 32256			
TITLE		☐ DELETE	3.1 T	ITLE	\( \( \triangle \)		Chang	ge 🔀 Addition
NAME			3.2 N	IAME	BRAREN, MICH	IAEL E		
STREET ADDRESS			3.3 S	TREET ADDRESS	9551 BAYMEAD	OWS RD SUITE	4	
CITY-ST-ZIP			34.0	CITY-ST-ZIP	JACKSONVILLE			
TITLE		☐ DELETE	4.1 T	ITLE	Τ'		Chang	ge 🗶 Addition
NAME			4.21	NAME	WALLACE, L D	ENISE		ļ

14. I hereb / 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 excurate 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 recuired 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. CITY-ST-ZIP

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VT

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE: \_

mn F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORE 3S

CITY-ST-ZIP

CITY-ST-ZIP

Sherry Hice NAME OF SIGNING OFFICE! OR DIRECTOR 4/23/99

9551 BAYMEADOWS RD SUITE 4

9551 BAYMEADOWS RD SUITE 4

9551 BAYMEADOWS RD SUITE 4

JACKSONVILLE FL 32256

FREDENHAGEN, SHARON W

JACKSONVILLE FL 32256

HICE, SHERRY

904/739-2249

☐ Change

Change

X Addition

Addition