FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000098523

JACKSONVILLE BENTAL PROPERTY ASSOCIATION, INCORP.

ORATED						
Principal Place of Business	Mailing Address					
5103 SAN JUAN AVE JACKSONVILLE FL 32210	5103 SAN JUAN AVE JACKSONVILLE FL 32210					
2. Principal Place of Business	2a. Mailing Address					

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90003 023 ***150.00



ACKSONVILLE I							•
					DO NOT WRITE IN THE	IS SPACE	
					Date Incorporated or Qualifed)
					11/24/1998]
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
1		26			59-3546324	No	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
2	m, 610.	27			5. Certificate of Status Desired	Fee Re	equired
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
:3		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year i		l
4	25	29 3	30		Personal Property Tax.	∐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			- 1	81 Name			ł
HOW	ARD, PAUL F SR			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
5103	SAN JUAN AVE			oz Street Add	1653 (1 .O. BOX Hamber 15 Hot / 1000 ptd 5 19		
JACK	SONVILLE FL 32210			83			
	1					BE Zin	 Code
	1			84 City	F	L '	
44 Durayont	to the provining of Sections 607 0502	and 607 1508 Florida Statutes	the at	ove-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	registered
office or re	egistered agent, or both, in the state of	Florida. Such change was aut	horized	by the corporat	tion's board of directors. I hereby accept the app	øintment as re	gistered
agent. J.a.	m familiar with, and accept the obligation	fons of, Section 607.0505, Florid	ia Statu	ites.	/	1/10	
SIGNATURE						127	}
	Signature Apped or printed maring of registered agent		-	Agent signature requir		AND DIDECT	2DC IN 12
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D /	☐ DELETE	1.1 TIT	1		Change	
NAME	HOWARD, PAUL F SR		1.2 NA	ME	•		
STREET ADDRESS	5103 SAN JUAN AVE		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CD	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	LE		Change	☐ Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 \$7	REET ADDRESS			ı
CITY-ST-ZIP				TY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TIT			Change	☐ Addition
NAME			3.2 NA	ME			
				REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	3.4. C			Change	Addition
TITLE		_ v					
NAME			4. 2 N				ļ
STREET ADDRESS				REET ADDRESS			}
CITY-ST-ZIP		Florite	_	Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TF	l l		C onange	
NAME	}		5.2 NA	J			Į.
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				ry-st-zip			
TITLE		☐ DELETE	6.1 TI	1		☐ Change	☐ Addition
NAME			6.2 NA	ME			ĺ
STREET ADDRESS			6.3 ST	REET ADDRESS			
		1	64 CI	TY-ST-ZIP			

14. I hereby certify that the information supplied with the 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.