Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

## 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 # **S09382**

1. Corporation Name

City & State

23

24

Zip

| Principal Place of Business                                   | Mailing Address   |  |  |  |  |
|---|---|--|--|--|--|
| 2071 EMERSON STREET<br>SUITE 22 & 23<br>JACKSONVILLE FL 32207 | 2071 EMERSON STREET<br>SUITE 22 & 23<br>JACKSONVILLE FL 32207 |  |  |  |  |
| 2. Principal Place of Business                                | 2a. Mailing Address   |  |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |  |  |  |  |

28

29

City & State

Zip

9. Name and Address of Current Registered Agent

SHORT, FREDERICK R. JR. 3733 UNIVERSITY BLVD., WEST

25

Country

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90143 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

10/29/1990 4. FEI Number

59-3032266

|   |                             |          | 83           |          |                                   |          |               |  |  |  |
|---|-----------------------------|----------|--------------|----------|-----------------------------------|----------|---------------|--|--|--|
| JACKSONVILLE FL 32217   |                             | 84       | City         |          | 85 Zi                             | ip Code  |               |  |  |  |
|   |                             |          | - 1          | ,        | FL }                              |          | ·             |  |  |  |
| 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 reinstatung)  DATE  |                             |          |              |          |                                   |          |               |  |  |  |
| 12.   | OFFICERS AND DIRECTORS      |          | 13.          |          | ADDITIONS/CHANGES TO OFFICERS AND |          |               |  |  |  |
| TITLE   | STP                         | DELETE   | .1 TITLE     |          |                                   | _] Chang | ge 🗌 Addition |  |  |  |
| NAME  | MARSH, CHARLES F III        |          | 1.2 NAME     |          |                                   |          |               |  |  |  |
| STREET ADDRESS  | 2071 EMERSON ST., #22&23    |          | .3 STREE     | ADDRESS  |                                   |          |               |  |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL             |          | .4 CITY-S    | Γ-ZiP    |                                   |          |               |  |  |  |
| TITLE   | VP                          | ☐ DELETE | 2.1 TITLE    |          |                                   | _] Chang | ge 🗀 Addition |  |  |  |
| NAME  | BULOCK, DALE K              | :        | 2.2 NAME     |          |                                   |          |               |  |  |  |
| STREET ADDRESS  | 2071 EMERSON ST., STE 22823 |          | 3 STREE      | ADDRESS  |                                   |          |               |  |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL             |          | 2. 4 CITY- S | T-ZIP    |                                   | _        |               |  |  |  |
| TITLE   |                             | ☐ DELETE | 3.1 TITLE    |          |                                   | _) Chang | ge 🗌 Addition |  |  |  |
| NAME  |                             | ;        | 3.2 NAME     |          |                                   |          |               |  |  |  |
| STREET ADDRESS  |                             |          | 3.3 STREE    | ADDRESS  |                                   |          |               |  |  |  |
| CITY-ST-ZIP   |                             |          | 3.4. CITY- S | T-ZIP    |                                   |          |               |  |  |  |
| TITLE   |                             | ☐ DELETE | 1.1 TITLE    |          |                                   | Chan     | ge 🗌 Addition |  |  |  |
| NAME  |                             | 1        | . 2 NAME     |          | ·                                 |          | ļ             |  |  |  |
| STREET ADDRESS  |                             |          | .3 STREE     | ADDRESS  |                                   |          | ļ             |  |  |  |
| CITY-ST-ZIP   |                             |          | 4 CITY-S     | T-ZIP    |                                   | = ~      |               |  |  |  |
| TITLE   |                             | _        | 5.1 TITLE    |          |                                   | Chan     | ge 🗌 Addition |  |  |  |
| NAME  |                             | 4        | 5.2 NAME     |          |                                   |          | ļ             |  |  |  |
| STREET ADDRESS  |                             |          | 5.3 STREE    | ADDRESS  |                                   |          | ł             |  |  |  |
| CITY-ST-ZIP   |                             |          | 5.4 CITY-S   | f- ZIP   |                                   |          |               |  |  |  |
| TITLE   | ·                           |          | 5.1 TITLE    |          | L                                 | Chang    | ge 🗌 Addition |  |  |  |
| NAME  |                             |          | 6.2 NAME     |          |                                   |          |               |  |  |  |
| STREET ADDRESS  |                             |          | 1            | TADDRESS |                                   |          |               |  |  |  |
| CITY-ST-ZIP   |                             |          | 6.4 CITY-S   | T-ZIP    |                                   |          |               |  |  |  |

Country

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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: