

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

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S12291** (8)

1. Corporation Name
NATIONAL NETWORK REALTY, INC.

Principal Place of Business

**9551 BAYMEADOWS RD 18
SUITE 1
JACKSONVILLE FL 32256
US**

Mailing Address

**9551 BAYMEADOWS RD 18
SUITE 1
JACKSONVILLE FL 32256
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

4. FEI Number

59-3068226

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1639 BEACH BLVD

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE Bch FL

Zip

24 32250

Country

25 DUVAL

2a. Mailing Address

26 1639 BEACH BLVD

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE Bch FL

Zip

29 32250

Country

30 DUVAL

9. Name and Address of Current Registered Agent

**JENNINGS, GUY M
9551 BAYMEADOWS RD.
SUITE 1
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

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

1639 BEACH BLVD

83

84 City

JACKSONVILLE Bch

FL

85 Zip Code

32250

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

4/3/98

12. OFFICERS AND DIRECTORS

1 TITLE **D** ☒ DELETE

NAME **JENNINGS, CATHERINE M.**
STREET ADDRESS **710 OCEANFRONT**
CITY-ST-ZIP **NEPTUNE BEACH FL**

2 TITLE **DPS** ☐ DELETE

NAME **JENNINGS, GUY M.**
STREET ADDRESS **9551 BAYMEADOWS RD., STE. 1**
CITY-ST-ZIP **JACKSONVILLE FL**

3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE:

4/3/98

94-2477229

CR2E034 (10/97)