

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S35892** (6)

1. Corporation Name

JAX LANES PROPERTIES MANAGEMENT, INC.



Principal Place of Business

**8720 BEACH BLVD.
JACKSONVILLE FL 32216**

Mailing Address

**8720 BEACH BLVD.
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 State, Apt. #, et

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

**MOSS, GENE T.
337 EAST BAY ST.
JACKSONVILLE FL 32202**

2a. Mailing Address

26 State, Apt. #, et

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
03/05/1991

3a. Date of Last Report
04/26/1995

4. FID Number
56-3052266

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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 shall be made 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 607.01(2), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D
ETTLINGER, ARTHUR**
STREET ADDRESS **8720 BEACH BLVD.**
CITY, ST, ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **D
UETT, DAN**
STREET ADDRESS **12608 MANDARIN RD**
CITY, ST, ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

SIGNATURE: *Arthur Ettlenger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY, ST, ZIP

43 TITLE ☐ Change ☐ Addition

4/25/96 (901) 644-3133

CR2E034 (12/95)