


**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90023 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # 542235 V</b>		
1. Corporation Name <b>LIGHTHOUSE PROPERTIES OF NORTH FLORIDA, INC</b>		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04-02-91

4. FEI Number

65-0266569

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

 21 SAME  
 Suite, Apt. #, etc.

2a. Mailing Address

 26 SAME  
 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORGE A. SUATO**  
**9378 ARLINGTON EXPRESSWAY**  
**# 83**  
**JACKSONVILLE, FL 32225**

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 607.0502 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ DELETE

 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.2 NAME

1.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ DELETE2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ DELETE3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

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3.4 CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ DELETE4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ DELETE5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ DELETE6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

7.1 TITLE ☐ DELETE7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.2 NAME

7.3 STREET ADDRESS

7.3 STREET ADDRESS

7.4 CITY-STATE-ZIP

7.4 CITY-STATE-ZIP

8.1 TITLE ☐ DELETE8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.2 NAME

8.3 STREET ADDRESS

8.3 STREET ADDRESS

8.4 CITY-STATE-ZIP

8.4 CITY-STATE-ZIP

9.1 TITLE ☐ DELETE9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.2 NAME

9.3 STREET ADDRESS

9.3 STREET ADDRESS

9.4 CITY-STATE-ZIP

9.4 CITY-STATE-ZIP

10.1 TITLE ☐ DELETE10.1 TITLE ☐ Change ☐ Addition

10.2 NAME

10.2 NAME

10.3 STREET ADDRESS

10.3 STREET ADDRESS

10.4 CITY-STATE-ZIP

10.4 CITY-STATE-ZIP

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99

Date

(904) 805-0400

Daytime Phone #

CR2E034 (11/98)



S42235  
594145-90020-1

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 9, 1999

LIGHTHOUSE PROPERTIES OF NORTH FLORIDA, INC. (904) 865-0400  
9951 ATLANTIC BLVD  
STE 247  
JACKSONVILLE, FL 32225 US

KEEP

SUBJECT: LIGHTHOUSE PROPERTIES OF NORTH FLORIDA, INC.

Ref. Number: S42235

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is ~~\$150.00~~ <sup>PAID</sup> plus ~~\$400.00~~ <sup>WAIVED PER TYRONE SCOTT 7/14/99</sup> late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75. @4:10 PM.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

/ac

850-487-6059 #2.

TYRONE SCOTT ✓