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

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90031 004 ***150.00

DOCUMENT # S59526

1. Corporation Name

PARC-SBCC, INC.

Principal Place of Business	Mailing Address
4700 AMELIA ISLAND PARKWAY AMELIA ISLAND FL 32034	C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **06/13/1991**		
4. FEI Number **59-3070245**		Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Zip 24	Country 25	Zip 29	Country 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORP.
2000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue
83	Suite 3000
84	City Miami FL	85	Zip Code 33131

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   Donald W. Wallis, Vice President   1/26/99
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	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'STEEN, ROGER M.		1.2 NAME		
STREET ADDRESS	4314 PABLO OAKS CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARBOUR, GREGORY		2.2 NAME		
STREET ADDRESS	4314 PABLO OAKS CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, LAUREN		3.2 NAME		
STREET ADDRESS	4314 PABLO OAKS CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _____   2-3-99   904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #