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03-11-1999 90028 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V33962 1. Corporation Name EXECUTIVE REPORTERS, INC.			
Principal Place of Business 233 EAST BAY STREET 1133 BLACKSTONE BLDG JACKSONVILLE FL 32202 US		Mailing Address 233 EAST BAY STREET 1133 BLACKSTONE BLDG JACKSONVILLE FL 32202 US	
2. Principal Place of Business 21 233 East Bay Street Suite, Apt. #, etc. 22 1113 Blackstone Bldg City & State 23 Jacksonville, FL Zip 24 32202 Country 25 US		2a. Mailing Address 26 233 East Bay St. Suite, Apt. #, etc. 27 1113 Blackstone Bldg City & State 28 Jacksonville FL Zip 29 32202 Country 30 US	
9. Name and Address of Current Registered Agent FERNANDEZ, JOAN Z. 233 EAST BAY STREET 1133 BLACKSTONE BLDG JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name Fernandez, Joan Z. 82 Street Address (P.O. Box Number is Not Acceptable) 233 East Bay Street 83 1113 Blackstone Bldg 84 City Jacksonville FL 85 Zip Code 32202	
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 <i>Joan Z. Fernandez</i> (NOTE: Registered Agent signature required when reinstating) DATE 3/10/99 <small>Signature typed or printed name of registered agent and title if applicable.</small>			
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME FERNANDEZ, JOAN Z. STREET ADDRESS 233 E BAY ST / 1133 BLACKSTONE BLDG CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE VPD <input type="checkbox"/> DELETE NAME MCKEEVER, ELISE F STREET ADDRESS 1662 PARK TERRACE W CITY-ST-ZIP ATLANTIC BEACH FL TITLE ST <input type="checkbox"/> DELETE NAME FERNANDEZ, EDWARD JOHN STREET ADDRESS 1174 POPOLEE RD. CITY-ST-ZIP JACKSONVILLE FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Fernandez, Joan Z. 1.3 STREET ADDRESS 233 E. Bay Street, 1113 Blackstone Bldg 1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

4. FEI Number

59-3129083

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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)