


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732469 (2)

1. Corporation Name
MUSEUM OF SOUTHERN HISTORY, INC.



Principal Place of Business 4304 HERSCHEL ST JACKSONVILLE FL 32210 US	Mailing Address 4304 HERSCHEL T JACKSONVILLE FL 32210 US
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3. Date Incorporated or Qualified 04/15/1975		
4. FEI Number 59-1662145	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

EVANS, R. G
4719 ARAPHOE AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name SNYDER, MICHAEL B	
82 Street Address (P.O. Box Number is Not Acceptable) 4401 LAKE SIDE DR	
83 UNIT # 504	
84 City JACKSONVILLE	85 Zip Code FL 32210

11. Pursuant to the provisions of sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE: *Michael B Snyder* **MICHAEL B. SNYDER** DATE: **4 AUG '98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD	NAME SNYDER, MICHAEL B	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4504 ORTEGA BLVD 4	CITY-ST-ZIP JACKSONVILLE FL	
TITLE TD	NAME TAYLOR, BETTY J	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2025 BRIDLEWOOD LN	CITY-ST-ZIP JACKSONVILLE FL	
TITLE PD	NAME EVANS, R. GARY	<input type="checkbox"/> DELETE
STREET ADDRESS 4719 ARAPHOE AVE	CITY-ST-ZIP JACKSONVILLE FL	
TITLE VD	NAME MILNE, JACK F	<input type="checkbox"/> DELETE
STREET ADDRESS 1843 CHALLEN AVE	CITY-ST-ZIP JACKSONVILLE FL	
TITLE SD	NAME BOND, JOHN R B.	<input type="checkbox"/> DELETE
STREET ADDRESS 7407 HENNESSY RD	CITY-ST-ZIP JACKSONVILLE FL	
TITLE 	NAME 	<input type="checkbox"/> DELETE
STREET ADDRESS 	CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SNYDER, MICHAEL B	
1.3 STREET ADDRESS 4401 LAKESIDE DR - UNIT # 504	
1.4 CITY-ST-ZIP JACKSONVILLE FL 32210	
2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME C. RAYMOND CONWAY	
2.3 STREET ADDRESS 4412 ORTEGA BLVD	
2.4 CITY-ST-ZIP JACKSONVILLE FL 32210	
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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael B Snyder* **MICHAEL B SNYDER** DATE: **4 AUG 98** DAYTIME PHONE #: **904 388-3574**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E037 (5/98)