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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **224720** **(3)**

1. Corporation Name
CELPAM CORPORATION

Principal Place of Business	Mailing Address
4500 SALISBURY RD STE 160 JACKSONVILLE FL 32216 US	4500 SALISBURY RD STE 160 JACKSONVILLE FL 32216-0900 US

3. Date Incorporated or Qualified: 06/11/1959
3a. Date of Last Report: 09/20/1996

2. Principal Place of Business
21: 3740 St Johns Bluff Rd
22 Suite, Apt. #, etc.: Ste 5
23 City & State: Jacksonville, Fl
24: 32224 25 Country:

2a. Mailing Address
26: 3740 St Johns Bluff Rd
27 Suite, Apt. #, etc.: Ste 5
28 City & State: Jacksonville Fl
29: 32224 30 Country:

4. FEI Number: 59-6075951 ☐ 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

9. Name and Address of Current Registered Agent

PADGETT, DONALD A
4500 SALIBURY RD
STE 160
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: PADGETT DONALD
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: Donald Padgett DATE: 1/6/97
Signature of Agent (or incorporator, director, or officer if agent is a corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOGER,IRA M 4500 SALISBURY RD, STE 160 JACKSONVILLE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Ira M. Koger 3740 St. Johns Bluff Rd, Ste 5 Jacksonville, Fl 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMPTON,CELESTE 4500 SALISBURY RD, STE 160 JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Celeste Hampton 3740 St Johns Bluff Rd, Ste 5 Jacksonville, Fl 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOGER,NANCY T 4500 SALISBURY RD, STE 160 JACKSONVILLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Nancy T. Koger 3740 St Johns Bluff Rd, Ste 5 Jacksonville, Fl 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PADGETT, DONALD A 4500 SALISBURY RD, STE 160 JACKSONVILLE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T Donald A. Padgett 3740 St Johns Bluff Rd, Ste 5 Jacksonville, Fl 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Donald Padgett 1-7-97 904/296-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #