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CORPORATION ANNUAL REPORT
1995

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

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DIVISION OF CORPORATIONS
95 FEB 10 PM 1:47

DOCUMENT # 317376 (2)

1. Corporation Name
JENSEN OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
9100 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	9100 PHILLIPS HIGHWAY JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1967	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1166537	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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JENSEN, LUCY B. 9100 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDC	1.1 TITLE	☐ Change ☒ Addition
NAME	JENSEN, LUCY B.	1.2 NAME	Donnie K. Gay
STREET ADDRESS	9100 PHILLIPS HWY	1.3 STREET ADDRESS	Vice President
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	9100 Phillips Hwy, Jax, Fla, 32256
TITLE	SD	2.1 TITLE	☐ Change ☒ Addition
NAME	CHICK, MARY JENSEN	2.2 NAME	AS
STREET ADDRESS	9100 PHILLIPS HWY.	2.3 STREET ADDRESS	John M. Carswell
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	9100 Phillips Highway, Jax., Fla.
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	JENSEN, STEPHEN F.	3.2 NAME	
STREET ADDRESS	9100 PHILLIPS HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHICK, GARLAND S.	4.2 NAME	
STREET ADDRESS	9100 PHILLIPS HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Lucy B. Jonsen, COB 2/6/95 (904) 268-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021721 CP