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(9/01)

of the corporation or the receiver or trustee empowerea changed, or on an attachment with an address, with all

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # 556052 1. Entity Name 04-01-2002 90042 007 ***150 00 BISBEE-BALDWIN REALTY COMPANY Principal Place of Business Mailing Address 341 W FORSYTH ST 341 W FORSYTH ST PO DRAWER 1050 PO DRAWER 1050 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1787001 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGLEY, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 341 W. FORSYTH ST. JACKSONVILLE FL 32202 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PDC** TITLE Delete TITLE Change ☐ Addition LANGLEY, RONALD L. NAME NAME CR2E034 341 W FORSYTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 0 CITY-ST-ZIP ☐ Delete TITLE ٧S ☐ Change ☐ Addition TITLE NAME SEROKEE, BARBARA L NAME STREET ADDRESS STREET ADDRESS 341 W. FORSYTH STREET CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE **EVTS** ☐ Delete TITLE □ Change ☐ Addition NAME BENDER, JOAN B. NAME STREET ADDRESS 341 FORSYTH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS alle son entre i fait CITY-ST-ZIP CITY-ST-ZIP GARAGE CETT TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

R. L. Langley, Chairman 4/1/02 904-353-6411

Date

Daytime Phone #