2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 03, 2001 08:00 AM 692709 DOCUMENT # 1. Entity Name **Secretary of State** SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 225 WATER STREET 225 WATER STREET 1800 FIRST UNION NATIONAL BANK TOWER 1800 FIRST UNION NATIONAL BANK TOWER JACKSONVILLE JACKSONVILLE 32202 32202 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 59-2100518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUNTZ, WILLIAM E. 225 WATER STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 1800** JACKSONVILLE FL32202 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 04/03/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition JOHNSTON MAME JE AN NAME 1834 DEER RUN TTRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE. \mathbf{FL} CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Change LEWIS NAME RICHARD MJR. NAME STREET ADDRESS 4619 APACHE AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE \mathbf{FL} CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition KUNTZ, WILLIAM E. NAME NAME STREET ADDRESS 4744 PRINCE EDWARD RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FLCITY-ST-ZIP ☐ Delete TITLE Change Change Addition WILSON, HARRY M., III NAME STREET ADDRESS 3830 BETTES CIRCLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BUSEY, STEPHEN D. NAME STREET ADDRESS 225 WATER ST., #1800 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP Delete TITLE ☐ Addition POST JAMES NAME RUSSELL STREET ADDRESS 1251 HERON POINT ROAD STREET ADDRESS 8260 MERGANSER DRIVE CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP PONTE VEDRA BEACH 32082 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/03/2001

Daytime Phone #

Date

SIGNATURE: __Jean_Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR