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| | CORPORATION |
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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THE CUMMER GALLERY CORPORATION

| THE CU | MMER GALLERY CORPOR | 1ATIUN | | | | |
|---|--|---|-----------------------|-------------------------------------|---|--|
| Principal Place of Business | | Mailing Address | | 1 15510 16514 2115 11518 1516 1516 | | |
| 829 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | | 829 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | | | | |
| | | | | | 3. Date Incorporated or Qualified 02/11/1982 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number 59-2191587 | Applied For Not Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | Country | | Trust Fund Contribution 8. This corporation has liability for it | Added to rees |
| Zip | Country 25 | Zip 29 | 30 | | Florida Statutes | Yes ANO |
| 24 | 9. Name and Address of Curre | | | | 10. Name and Address of New R | egistered Agent |
| · | | | 81 | Name | Kahren Arbitman | |
| . ADAMS, | HENRY | | 82 | Street A | ddress (P.O. Box Number is Not Acceptab 505 Lancaster Street | le) #1 O A |
| 2585 PIN | ieridge road | | 83 | | 505 Lancaster Street | #108 |
| JACKSO | NVILLE FL 32204 | | | | | les Zin Codo |
| 1 | | | 84 | 1 . | Jacksonville | FL 85 Zip Cod 32204 |
| 11. Pursuant to | the provisions of Sections 617.050 | 2 and 617.1508, Florida Statutes, | the above- | named cor | poration submits this statement for the pur locard of directors. I hereby accept the app | rpose of changing its registered office on the light of t |
| or registere | ed agent, or both, in the State of Flor n, and accept the obligations of, Sec | rida. Such change was authorized ction 617.0503, Florida Statutes. | by the corp | MIBUOLI 2 C | Joseph Co. Sept. | 4.24.96 |
| SIGNATURE C | Take C | ulutwen | - | | and the executation | DATE |
| 3 | Signature, typed or printed name of registered agen | nt and their applicable (NOTE ND DIRECTORS | Registered Age | ni signature re: | quired wher reinstating) ADDITHONS CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| 12. | PD | ₩ DELETE | 1.1 TITLE | | Chairman CD | Change Addition |
| NAME | LOVETT, ELIZABETH ROSS | • . | 1 2 NAME | 1 | Uible, John D. | |
| STREET ADDRESS | 3945 ORTEGA BLVD. | | 1.3 STREE | T ADDRESS | 4765 Ortega Boulevard | |
| CITY-ST-ZIP | JACKSONVILLE FL | AU | 1.4 CITY- | ST- ZIP | Jacksonville, Florida | |
| TITLE | VD | DELETE | 2 1 TITLE | | ATCC CHATTHAN | ND XX Cuavãe 🖂 vidillini |
| NAME | uible, John D. | | 22 NAME | | Haskell, Preston H. | |
| STREET ADDRESS | 4765 ORTEGA BLVD. | | | T ADDRESS | 4971 Morven Road Jacksonville, Florida | 32210 |
| CITY-ST-ZIP | JACKSONVILLE FL | DELETE | 2 4 CITY 3 1 TITLE | - | Director D | Change XXAddition |
| TITLE | d Adams, Henry | Detter | 32 NAME | · 1 | Arbitman, Kahren J. | |
| NAME STREET ADDRESS | 2565 PINERIDGE RD. | | 3.3 STRE | ET ADORESS | 505 Lancaster Street | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY | -SI - ZIP | Jacksonville, Florida | a 32204 |
| TITLE | S | ⊠ DELETE | 4 1 TITLE | | Secretary S | Change Addition |
| NAME | COMMANDER, CHARLES I | | 4 2 NAM | | Bryan, J.F. IV | |
| STREET ADDRESS | 3839 ORTEGA BLVD. | | 4.3 STRE | ET ADDRESS | 5249 Yacht Club Road | 22210 |
| CITY - ST - ZIP | JACKSONVILLE FL | Morrer . | 4.4 CHTY | | Jacksonville, Florida | Change Addition |
| TITLE | T DODEST D | DELETE | 5.1 TITLE 5.2 NAM | | Treasurer T Vickers, Samuel H. | an · — |
| NAME | DAVIS, ROBERT D | | | ET ADDRESS | 7036 San Fornando Pla | ace |
| STREET ADDRESS | P.O. BOX 2088 JACKSONVILLE FL 32203 | | | -ST-ZIP | Jacksonville, Florida | a32217 |
| CITY-ST-ZIP TITLE | OMOROUNTILLE FE DEZUG | DELETE | 61 TITL | | | Change Addition |
| NAME | | | 6 2 NAM | tE | 9000019 | CC:700 |
| STREET ADDRESS | | | 63STR | EET ADDRESS | 8000018 -06/18/9601 | 133004 |
| | 1 | | 6.4 City | -ST-7/P | 00/10/00 01 | *** UU I |

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 Scatter Section 119.07(3)(k), 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:

D NAME OF SIGNING OFFICER OR DIRECTOR