FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:36

DOCUMENT # F08362 (8)

1. Corporation Name
NESSMITH CORPORATION

Principal Place of Business	Mailing Address
1410 CLARK STREET C/O JOHN W. NESSMITH JACKSONVILLE FL 32206	1410 CLARK STREET C/O JOHN W. NESSMITH JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1410 Clark St.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32206
25: Country: Duval

2a. Mailing Address
26: PO Box 3315
27: Suite, Apt. #, etc.
28: City & State: Jacksonville FL
29: Zip: 32206
30: Country: Duval

4. FEI Number: 59-2051153 ☐ 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

NESSMITH, JOHN W.
1410 CLARK STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name: Carl W. Polk
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Broward Rd. Apt. 514
83:
84 City: Jacksonville FL 85 Zip Code: 32218

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: Carl W. Polk President — 16 Jan 95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NESSMITH, JOHN W.	1.2 NAME	Carl W. Polk	
STREET ADDRESS	1410 CLARK STREET	1.3 STREET ADDRESS	1000 Broward Rd. Apt. 514	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	VPS	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	POLK CARL W.	2.2 NAME	John W. NesSmith	
STREET ADDRESS	1410 CLARK STREET	2.3 STREET ADDRESS	404 Dempee Dr	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32208	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Carl W. Polk — Carl W. Polk — 16 Jan 95 — (904) 353-6317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405200 FP