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 MAR 28 PM 1:59

DOCUMENT # **H32901** **(1)**

1. Corporation Name

MCCALEB INVESTMENTS, INC.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DR SOUTH SUITE 600 JACKSONVILLE FL 32216-0958 US	P O BOX 16425 JACKSONVILLE FL 32245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1984
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21: 9551 Baymeadows Rd
22 Suite, Apt. #, etc.: Suite 4
23 City & State: Jacksonville, FL
24 Zip: 32256
25 Country: Duval

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2469051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 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

MCCALEB, SCOTT L
6620 SOUTHPOINT DR SOUTH
SUITE 600
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Wallace, L.D.
82 Street Address (P.O. Box Number is Not Acceptable): 9551 Baymeadows Rd.
83: Suite 4
84 City: Jacksonville, FL 85 Zip Code: 32256

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: L.D. Wallace Sr — L. Denise Wallace — 3/23/95
Signature, typed or printed 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	DPT	11 TITLE	DPVT	☒ Change ☐ Addition
NAME	MCCALED, SCOTT L	12 NAME	McCaleb, Scott L.	
STREET ADDRESS	6620 SOUTHPOINT DR SOUTH SUITE 600	13 STREET ADDRESS	9551 Baymeadows Rd. Suite 4	
CITY-ST-ZIP	JACKSONVILLE FL 58	14 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VS	21 TITLE	S	☒ Change ☐ Addition
NAME	MCCALEB, JANET A	22 NAME	Wallace, L.D.	
STREET ADDRESS	6620 SOUTHPOINT DR SOUTH SUITE 600	23 STREET ADDRESS	9551 Baymeadows Rd. Suite 4	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 the 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: L.D. Wallace Sr — 3/23/95 — 904-276-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
L. Denise Wallace

0407367 FP