(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

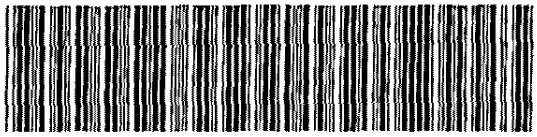
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILE NON ANNUAL REPORT DELINQUENT AFTER JULY 1ST

FILED
1989 JUN 13 AM 10 15
FLORIDA DEPT. OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION

ANNUAL REPORT
1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

H51649 2
JORDAN (WILLIAM R.), INC.
% SHAWN G. RADER
215 NORTH EOLA DRIVE
ORLANDO, FL 32801-2028

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2. Enter Change of Address or Corporation Principal Office. PO Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 04/10/1985

4. Federal Employer Identification Number (FEIN): 59-2648497

5. Date of Last Report: 04/27/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/T	JORDAN, WILLIAM R.	1845 CROWLEY CRCL.	LONGWOOD, FL.
S	RICHARDSON, E.KEITH	6901 E.INDEPENDENCE BLVD	CHARLOTTE, N.C.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

RADER, SHAWN G.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature: E Keith Richardson
Date: 5/27/89

Typed Name of Signing Officer or Director: E. Keith Richardson
Title: Controller
Telephone Number

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status