FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # L24424

1. Corporate Name
THE PONDEROSA GROUP, INC.

Principal Place of Business
P.O. BOX 7027
JACKSONVILLE, FL 32238

Mailing Address
P.O. BOX 7027
JACKSONVILLE
32238-7027

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 5/1/96

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: 59-2982102 — 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
HIEB, E. ALLEN, JR.
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	MILLER, R. WAYNE	
STREET ADDRESS	7550 COLLINS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	☐ DELETE
NAME	GILPATRICK, GEORGE Y.	
STREET ADDRESS	2916 CIRCLE RIDGE DR.	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	S	☐ DELETE
NAME	GILPATRICK, BORAH D.	
STREET ADDRESS	2916 CIRCLE RIDGE DR.	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32244	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32065-5760	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32065-5760	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	200002124212	
5.3 STREET ADDRESS	-03/26/97--01002--032	
5.4 CITY-ST-ZIP	***165.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 12 or Block 13 of this report, or is the attachment with an address.

SIGNATURE: BORAH D. GILPATRICK 904-276-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/19/97 — Daytime Phone #

CR2E034 (9/96)