04091999-90031-017-$150.00-$150.00

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90031 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041976

1. Corporation Name
~~BRANSON & PACKEVICZ, INC.~~
C. L. PACKEVICZ, INC

Principal Place of Business	Mailing Address
437 E. MONROE ST., STE. 201 JACKSONVILLE FL 32202	437 E. MONROE ST., STE. 201 JACKSONVILLE FL 32202 2572 PINERIDGE RD JAX, FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2572 PINERIDGE RD	2a. Mailing Address 26 2572 PINERIDGE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JAX, FL	City & State 28 JAX, FL
Zip / Country 24 32207 25 USA	Zip / Country 29 32207 30 USA

3. Date Incorporated or Qualified: 06/06/1994
4. FEI Number: 59-3249213 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANSON, MARIANNE
437 E. MONROE ST., STE. 201
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: CYNTHIA L. PACKEVICZ
82 Street Address (P.O. Box Number is Not Acceptable): 2572 PINERIDGE RD
83
84 City: JAX FL 85 Zip Code: 32207

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: Cynthia A. Packevicz DATE: 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OPT	☐ DELETE	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	BRANSON, MARIANNE		1.2 NAME	PACKEVICZ, CYNTHIA L.	
STREET ADDRESS	1908 SEAGATE AVE		1.3 STREET ADDRESS	2572 PINERIDGE RD	
CITY-ST-ZIP	NEPTUNE BEACH FL		1.4 CITY-ST-ZIP	JAX, FL 32207	
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PACKEVICZ, CYNTHIA L		2.2 NAME		
STREET ADDRESS	2572 PINERIDGE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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, with all other like empowered.

SIGNATURE: Cynthia A. Packevicz Cynthia A. Packevicz 4/6/99 904-398-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)