

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PWTS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JACKSONVILLE FL 32256~~

~~4655 SALISBURY ROAD SUITE 330  
JACKSONVILLE FL 32256~~

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|---------------------------|--|--------------------|--|--------------------------------------------------------------------------|--|-----------------------------------|--|
| 2. Date of Birth          |  | 2a. Marital Status |  | 3. Date of Application Received                                          |  | 3a. Date of Last Report           |  |
| 21. 2785 Parental Home Rd |  | 2a. Same           |  | 4. File Number                                                           |  | 59-3270025                        |  |
| 22. Jacksonville FL       |  | 27. Date of Birth  |  | 5. Court Record Status (Convicted)                                       |  | 8.75 Additional Fee Required      |  |
| 23. Jacksonville FL       |  | 28. Date of Birth  |  | 6. Post-Trial Campaign Financing                                         |  | 5.00 May Be Added to Fees         |  |
| 24. 32216                 |  | 29. Date of Birth  |  | 7. This corporation has liability for automobile tax under S. 194 (1992) |  | X Yes <input type="checkbox"/> No |  |
| 25. 32216                 |  | 30. Date of Birth  |  |                                                                          |  |                                   |  |

|                                                                           |  |                                                       |             |
|---------------------------------------------------------------------------|--|-------------------------------------------------------|-------------|
| 9. Name and Address of Current Registered Agent                           |  | 10. Name and Address of New Registered Agent          |             |
| WALKER, JAMES V<br>4655 SALISBURY ROAD SUITE 390<br>JACKSONVILLE FL 32256 |  | 01 Name                                               |             |
|                                                                           |  | 02 Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                           |  | 03                                                    |             |
|                                                                           |  | 04 City                                               | 05 Zip Code |
|                                                                           |  | FL                                                    |             |

11. Pursuant to the provisions of Sections 607.050(9) and 607.1508, Florida Statutes, the above-named corporation certifies 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 hereby accepting the obligations of Section 607.0505, Florida Statutes.

1. NAME \_\_\_\_\_  
 2. ADDRESS \_\_\_\_\_  
 3. CITY \_\_\_\_\_  
 4. STATE \_\_\_\_\_  
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| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12.1                       |  | 13.1 NAME                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.2                       |  | 13.2 NAME                                             | Pres. Sec. Treas.                                                            |
| 12.3                       |  | 13.3 STREET ADDRESS                                   | J. Cooper White                                                              |
| 12.4                       |  | 13.4 CITY ST ZIP                                      | 2785 Parental Home Rd                                                        |
| 12.5                       |  | 13.5 NAME                                             | Jacksonville, FL 32216                                                       |
| 12.6                       |  | 13.6 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.7                       |  | 13.7 STREET ADDRESS                                   |                                                                              |
| 12.8                       |  | 13.8 CITY ST ZIP                                      |                                                                              |
| 12.9                       |  | 13.9 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.10                      |  | 13.10 NAME                                            |                                                                              |
| 12.11                      |  | 13.11 STREET ADDRESS                                  |                                                                              |
| 12.12                      |  | 13.12 CITY ST ZIP                                     |                                                                              |
| 12.13                      |  | 13.13 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.14                      |  | 13.14 NAME                                            |                                                                              |
| 12.15                      |  | 13.15 STREET ADDRESS                                  |                                                                              |
| 12.16                      |  | 13.16 CITY ST ZIP                                     |                                                                              |
| 12.17                      |  | 13.17 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.18                      |  | 13.18 NAME                                            |                                                                              |
| 12.19                      |  | 13.19 STREET ADDRESS                                  |                                                                              |
| 12.20                      |  | 13.20 CITY ST ZIP                                     |                                                                              |
| 12.21                      |  | 13.21 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.22                      |  | 13.22 NAME                                            |                                                                              |
| 12.23                      |  | 13.23 STREET ADDRESS                                  |                                                                              |
| 12.24                      |  | 13.24 CITY ST ZIP                                     |                                                                              |
| 12.25                      |  | 13.25 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.26                      |  | 13.26 NAME                                            |                                                                              |
| 12.27                      |  | 13.27 STREET ADDRESS                                  |                                                                              |
| 12.28                      |  | 13.28 CITY ST ZIP                                     |                                                                              |
| 12.29                      |  | 13.29 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.30                      |  | 13.30 NAME                                            |                                                                              |
| 12.31                      |  | 13.31 STREET ADDRESS                                  |                                                                              |
| 12.32                      |  | 13.32 CITY ST ZIP                                     |                                                                              |

[illegible]

**SIGNATURE:**

SIGNATURE AND TITLE OF PHYSICIAN NAME (S) ISSUING OFFICIAL (S) ON DIRECTOR

President J Carter White

904 7258818