2005 FOR PROFIT CORPORATION

Apr 20, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # V47669 04-20-2005 90320 046 ***150.00 1. Entity Name SETON REALTY, INC. Principal Place of Business Mailing Address C/O LAURIE S TEPPERT C/O LAURIE S TEPPERT 1801 BARRS STREET, SUITE 615 1801 BARRS STREET, SUITE 615 50039205 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3133073 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEPPERT, LAURIE S Street Address (P.O. Box Number is Not Acceptable) GENERAL COUNSEL 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 Zip Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete DP MAHER, JOHN J NAME NAME STREET ADDRESS 1801 BARRS STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP Change TITLE □ Delete TITLE **DVP** ☐ Addition NORMAN, JEFFREY NAME NAME STREET ADORESS 1800 BARRS STREET STREET ADDRESS CITY. ST. 7IP CITY-ST-7/P JACKSONVILLE, FL 32204 ☐ Addition Delete (A) Change TITLE TITLE DST CORRIGAN, JAMES M NAME NAMÉ STREET ADDRESS 1801 BARRS STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP Change VΡ TITLE ■ Addition TITLE Delete **b**√P PERRY, KENNETH C NAME NAME 1800 BARRS STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition NAME PERRY, LINDA NAME STREET ADDRESS 1800 BARRS STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition

12. 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 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a particless, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SINCLAIR, DONNA

1801 BARRS STREET, SUITE 600

JACKSONVILLE, FL 32204

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.26.05

Daytime Phone #

FILED