PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03388

1. Corporation Name

| SETT CO | RPURATION | | | | | |
|---|--------------------------------|--------------|--------------|--------------|---------------|--|
| •= | | | | | | I KARINDIK BIN BRIDA KIRBA NIKBA DIKBI PADA KARINDIK BIRIN DIBIN BIRIN BIRIN DIBIN BIRIN DIBIN DIBIN |
| | | | | | | |
| Principal Place | of Business | Mailing Ad | dress | | | |
| 200 W. FORSYTH STREET 200 W. FORSYTH STREET | | | | | | |
| STE. 1730 | | STE. 1730 | | | | DO NOT WRITE IN THIS SPACE |
| JACKSONVILLE | FL 32202 | | LLE FL 32202 | | | |
| US | | US | | | | 3. Date Incorporated or Qualifed |
| | | | | | | 07/20/1989 4. FEI Number Applied For |
| - | ace of Business | 2a. Mailing | Address | | | |
| 21 | | 26 | | | | 59-2958981 Not Applicable \$8.75 Additional |
| Suite, Apt. | #, etc. | 27 Suite, / | Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required |
| City & State | • | City & | State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | 30 |) | | Personal Property Tax. ☐ Yes 💆 No |
| <u></u> | 9. Name and Address of Current | Registered A | gent | | | 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | e |
| DRAUGHON, RICHARD SCOTT | | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| 200 W. FORSYTH STREET | | | | 02 | Sueet | |
| STE. 1730 | | | | 83 | | |
| JACKSONVILLE FL 32202 | | | _ | | ■ 85 Zip Code | |
| | | | | 84 | City | FL ' |
| 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 | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | | | t signature r | e required when reinstating) DATE DATE |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DPST | | DELETE | 1.1 TITLE | | DPVST Addition DRAUGHON, RICHARD CCOTT SO W FORSYTH STREET, SUITE 1730 |
| NAME | DRAUGHON, RICHARD SCOTT | | | 1.2 NAME | | DRAUGHON, RICHARD COUTE 1730 |
| STREET ADDRESS | 200 W. FORSYTH STREET, STE | E. 1730 | | 1.3 STREET | ADDRESS | s 200 W FORSYTH STITUTE 123207 |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | | | 1.4 CITY-S | r-ziP | JACKSONVILLE, FL 32202 |
| TITLE | | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | 2.2 NAME | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | s |
| CITY-ST-ZIP | · | | | 2.4 CITY-5 | T-ZIP | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | 3.2 NAME | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | ss |
| CITY-ST-ZIP | | | | 3.4. CITY- 9 | T- ZIP | |
| | | | | | | |

64 CITY-ST-ZIP CITY-ST-ZIP supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 nor the receive for flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in rough attachment utter an address, with all other like empowered. I hereby certify that the informatio indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed.

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

☐ DELETE

REPICHARD SCOTT DRAUGHON 4/28/99

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90173 034 ***150.00

(904) 358-3777

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