DOCUMENT# 603638 Entity Name: BEDELL, DITTMAR, DEVAULT, PILLANS & COXE

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

101 E. ADAMS STREET JACKSONVILLE, FL 32202-0330

Current Mailing Address:

101 E. ADAMS STREET JACKSONVILLE, FL 32202-0330

FEI Number: 59-1407533

Name and Address of Current Registered Agent:

BARKSDALE, OLIVER DAVID ESQ. 101 E ADAMS ST JACKSONVILLE, FL 32202 US Certificate of Status Desired: No

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.

| SIGNATURE: OLIVER DAVID BARKSDALE | | | | | |
|-----------------------------------|--|-----------------|-------------------------|------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | D. | Title | VD | | |
| Name | DEVAULT, JOHN A III | Name | PILLANS, CHARLES P III | | |
| Address | 1879 RIBAULT COURT | Address | 2413 BOXWOOD LANE | | |
| City-State-Zip: | JACKSONVILLE FL 32205 | City-State-Zip: | AMELIA ISLAND FL 32034 | | |
| Title | DIRECTOR | Title | D. | | |
| Name | TRIPP, C. WARREN JR. | Name | COXE, HENRY M III | | |
| Address | 4528 ORTEGA BLVD | Address | 1824 MCINTOSH PLACE | | |
| City-State-Zip: | JACKSONVILLE FL 32210 | City-State-Zip: | JACKSONVILLE FL 32210 | | |
| Title | D | Title | DIRECTOR, SECRETARY | | |
| Name | BROOKE, ALLAN F II | Name | FARNELL, R. H III | | |
| Address | 4979 APACHE AVENUE | Address | 4415 BALTIC STREET | | |
| City-State-Zip: | JACKSONVILLE FL 32210 | City-State-Zip: | JACKSONVILLE FL 32210 | | |
| Title | PD. | Title | D. | | |
| Name | BARKSDALE, OLIVER DAVID | Name | COUGHLIN, BRIAN T. | | |
| Address | 1812 SEMINOLE ROAD | Address | 3709 CAMDEN ISLAND COUR | T S. | |
| City-State-Zip: | JACKSONVILLE FL 32205 | City-State-Zip: | JACKSONVILLE FL 32224 | | |
| | | | | | |

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

| SIGNATURE: OLIVER DAVID BARKSDALE | PRESIDENT | 01/09/2018 |
|-----------------------------------|-----------|------------|
|-----------------------------------|-----------|------------|

Electronic Signature of Signing Officer/Director Detail

FILED Jan 09, 2018 Secretary of State CC2492563092

Date

Officer/Director Detail Continued :

| Title | TD. |
|-----------------|-----------------------|
| Name | LOCKAMY, MICHAEL E. |
| Address | 1435 RIVERBIRCH LANE |
| City-State-Zip: | JACKSONVILLE FL 32207 |