2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSON, P.A.

Current Principal Place of Business:

50 N LAURA ST, STE 2750
JACKSONVILLE, FL 32202

Current Mailing Address:

PO BOX 4548
JACKSONVILLE, FL 32201 US

FEI Number: 59-3722057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANT ABRAHAM REITER MCCORMICK & JOHNSON
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	VD
Name	BRANT, WILLIAM P	Name	REITER, THOMAS M
Address	14109 MAGNOLIA COVE ROAD	Address	1633 BERWICK RD
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32207
Title	VD	Title	VD
Name	ABRAHAM, DAVID T	Name	MCCORMICK, JAN D
Address	5950 CLIFTON AVE	Address	7230 RAMOTH DR
City-State-Zip:	JACKSONVILLE FL 32211	City-State-Zip:	JACKSONVILLE FL 32226
Title	VD		
Name	JOHNSON, AMY H		
Address	5438 ROLLINS AVENUE		
City-State-Zip:	JACKSONVILLE FL 32207		

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: JAN D. MCCORMICK — VICE-PRESIDENT/DIRECTOR — 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date