FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 010792 (0)

1. Corporation Name
DUVAL-BIBB COMPANY

Principal Place of Business	Mailing Address
5300 W. CYPRESS ST., #250 P. O. BOX 24168 TAMPA FL 33623	5300 W. CYPRESS ST., #250 P. O. BOX 24168 TAMPA FL 33623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1921	3a. Date of Last Report: 04/20/1994
2. Principal Place of Business: 21 5300 W. Cypress Street	2a. Mailing Address: 26 P. O. Box 24168
Suite, Apt. #, etc.: 22 Suite 250	Suite, Apt. #, etc.: 27 — —
City & State: 23 Tampa, FL	City & State: 28 Tampa FL
Zip: 24 33607-1712 Country: 25	Zip: 29 33623-4168 Country: 30
4. FEI Number: 58-0512985	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

COPPAGE,REESE
5300 W. CYPRESS ST., STE. 250
P.O. BOX 24168
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	COPPAGE,REESE	1.2 NAME		
STREET ADDRESS	1112 CULBREATH ISL, DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	COPPAGE,JAMES	2.2 NAME		
STREET ADDRESS	246 CASCADE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	COPPAGE, MARTHA A.(ASST)	3.2 NAME		
STREET ADDRESS	1112 CULBREATH ISL, DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Reese Coppage Reese Coppage Apr 20, 1995 (813) 281-0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President — Date — Telephone Number

0449747 FP