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 19 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 134054 (6)

1. Corporation Name
STATE INVESTMENT COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 23627 JACKSONVILLE FL 32241-3627 US	P.O. BOX 23627 JACKSONVILLE FL 32241-3627 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1937
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 59-0975800 ☐ 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

FOSTER, DAVID M
~~1000 GULF LIFE DR~~
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1300 Riverplace Blvd.
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	~~VD~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, P JEREMY JR	1.2 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LUKE, JOSEPH C	2.2 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	FOSTER, DAVID	3.2 NAME		
STREET ADDRESS	~~1000 GULF LIFE DR~~	3.3 STREET ADDRESS	1300 Riverplace Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TAS	4.1 TITLE		☐ Change ☐ Addition
NAME	GLAVIN, THOMAS M.	4.2 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, KENNETH P.	5.2 NAME		
STREET ADDRESS	9540 SAN JOSE BOULEVARD	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	VS	6.1 TITLE		☐ Change ☐ Addition
NAME	LUEDERS, JACK C. JR.	6.2 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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: Thomas M Glavin 4-11-95 737-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas M. GLAVIN

0084160 CP