SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **158607** **(2)**

1. Corporation Name

ALCLIFF INVESTMENT COMPANY

Principal Place of Business

~~6622 SOUTHPOINT DR SO.~~
~~C/O SUMMITT COM PROP. BARNETT PLAZA #400~~
~~JACKSONVILLE FL 32216~~
c/o Charles C. Smith, Jr. & Same
4985 Arapahoe Ave, Jacksonville, FL 32210

Mailing Address

~~6622 SOUTHPOINT DR SO.~~
~~C/O SUMMITT COM PROP. BARNETT PLAZA #400~~
~~JACKSONVILLE FL 32216~~

2. Principal Place of Business — 21 ~~ARAPAHOE AVE.~~
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: **07/23/1949**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-6057618** — 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

ULMER, THOMAS P
~~6622 SOUTHPOINT DRIVE SOUTH~~ 2970 St. Johns Ave
~~BARNETT PLAZA, SUITE 400~~
JACKSONVILLE FL ~~32216~~ 32205

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ULMER, THOMAS P	
STREET ADDRESS	2970 ST JOHNS AVE	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	AS	☐ DELETE
NAME	ULMER, HERMAN JR	
STREET ADDRESS	514 LOMAX ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	SMITH, CHARLES C JR	
STREET ADDRESS	4985 ARAPAHOE AVE.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	V	☐ DELETE
NAME	SCHULTZ, FRED	
STREET ADDRESS	~~418 W ADAMS ST~~ 50 N. LAURA ST.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	ATD	☐ DELETE
NAME	GUILLEBEAU, MARTHA	
STREET ADDRESS	7944 LIMOGES DR. S.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 P. ULMER — 6/25/96 — (904) 3895296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number