. 2	2007 FOR PROFI AMENDED AN	T CORPORA NUAL REPOI	TIOI RT	N						
DOCUMENT # 238162								FILED)	
						07 DEC 14 AM 10: 20				
Principal Place of Business 1093 NORTH MCDUFF AVE JACKSONVILLE, FL 32254		Mailing Address 1093 NORTH MCDUFF AVE JACKSONVILLE, FL 32254				FALLAHASSEE, FLORIDA				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	1152007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4.	FEI Numbe				oplied For
Zip Country		Zip Count		iry	5.	59-0904 Certificate	+304 of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent CLARK, YVONNE 1528 BLAIR RD. JACKSONVILLE, FL 32221				Name Dani Streel Addr 1093	7. Name and Address of New Registered Agent ame Daniel G. Fagerton treet Address (P.O. Box Number is Not Acceptable) 1093 McDutt Avenue North					
City Jacksonville FL Zip Gode 32.255 8. 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. Lam familiar with, and the obligations of registered agent SIGNATURE Signature, typed or printed tame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
Am	nended AR is \$61.25	 Election Campa Trust Fund Cont 	•	cing	\$5.00 Added to	May Be Fees				
10.	OFFICERS AND		11.				CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, YVONNE 1528 BLAIR RD. JACKSONVILLE, FL 32221	Delete					Eagerton Ef Avenue			t ^{∐Addition} .rectór£
TITLE NAME STREET ADDRESS CITY-ST-2IP	S HELMS, SAMUEL 5560 OLIVER STREET N. JACKSONVILLE,FL 00000,	Delete	TITLE NAME STREE		Jacks		0 011 3 2070100		🔲 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CLARK, THOMAS E 1518 BLAIR RD JACKSONVILLE, FL 32221	Detete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, ANGELA 1580 BLAIR ROAD JACKSONVILLE, FL 32221	🔀 Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t)12/18							📋 Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - 2IP	p p	Delete							□ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered. SIGNATURE:										