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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 245316 (5)

1. Corporation Name
EVANS & HAMMOND, INC.

Principal Place of Business
707 Penisular Place
Jacksonville, FL 32204

Mailing Address
3986 Blvd. Center DR.
Suite 106
Jacksonville, FL 32207

3. Date Incorporated or Qualified: 3/7/1962
3a. Date of Last Report: 4/8/95

2. Principal Place of Business
21 707 Peninsular Place
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip
24 32204
Country
25 USA

2a. Mailing Address
26 3986 Blvd. Center Dr.
Suite Apt. #, etc.
27 Suite 106
City & State
28 Jacksonville, FL
Zip
29 32207
Country
30 USA

4. FEI Number: 59-0919326 ☐ 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

Edwin Presser NEW RA

10. Name and Address of New Registered Agent

81 Name: Mr. Edwin Presser
82 Street Address (P.O. Box Number is Not Acceptable): 3986 Boulevard Center Drive
83 Suite 106
84 City: Jacksonville FL 85 Zip Code: 32207

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: Edwin Presser Edwin Presser DATE: 5/6/96
Signature, typed or printed name of registered agent and title if applicable — Name of New Registered Agent (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A/S/D Evans Thomas N. Jr. 707 Peninsular Place Jacksonville, FL 32204 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Hammond James M. 707 Peninsular Place Jacksonville, FL 32204 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hammond, Maryann 707 Peninsular Place Jacksonville, FL 32204 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Wilmotte, Terry H. 707 Peninsular Place Jacksonville, FL 32204 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Hammond J. Daniel 707 Peninsular Place Jacksonville, FL 32204 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	200001831662 -05/21/96--01041--000 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: James M. Hammond 4/24/96 904 355 3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #