FILE NOW: FILING FEE AFTER MAY 1 IS $225.

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF S
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIC

APPROVED AND FILED

95 APR 19 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 246886 **(6)**

1. Corporation Name
BUSHNELL SERVICE CORPORATION

Principal Place of Business
1914 BEACHWAY ROAD
SUITE 3- L
JACKSONVILLE FL 32207

Mailing Address
1914 BEACHWAY ROAD
SUITE 3- L
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1961
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21
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

4. FEI Number: 59-0947845 — 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
LOVE,JOHN B (DECEASED) PLEASE DELETE
1914 BEACHWAY ROAD
SUITE 3-L
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
01 Name: LINN, CHARLOTTE
02 Street Address (P.O. Box Number is Not Acceptable): 1914 BEACHWAY ROAD
03 SUITE 3-L
04 City: JACKSONVILLE FL 05 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: Charlotte L. Linn — 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOVE,JOHN B PLS DELETE
STREET ADDRESS	1914 BCHWY RD STE 3-L
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DVP
NAME	LOVE,MARY ELLEN
STREET ADDRESS	1914 BCHWY RD STE 3-L
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DVT
NAME	RANTZ, JACOB F.
STREET ADDRESS	1914 BCHWY RD STE 3-L
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DVS
NAME	LINN, JAMES A.
STREET ADDRESS	1914 BCHWY RD STE 3-L
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DVP
NAME	LINN, CHARLOTTE
STREET ADDRESS	1914 BCHWY RD STE 3-L
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	LINN, CHARLOTTE	
1.3 STREET ADDRESS	1914 BCHWY RD STE 3-L	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207	
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	DVP	☐ Change ☒ Addition
6.2 NAME	RANTZ, BARBARA	
6.3 STREET ADDRESS	1914 BCHWY RD STE 3-L	
6.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207	

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)(k), 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: Charlotte L. Linn — 3/27/95 — 904 389-5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President

001947 CP