FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

TITLE

NAUF

STREET ADDRESS

FILED Apr 10 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)RALPH J. MACAULEY INC. Principal Place of Business Mailing Address 2700-C UNIVERSITY BLVD. W. 2700-C UNIVERSITY BLVD. W. P O BOX 10181 P O BOX 10181 JACKSONVILLE FL 32241 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32241 3. Date Incorporated or Qualified 12/06/1971 2. Principal Place of Business 2a. Mailing Address Applied For 59-0973364 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MACAULEY, RAUPH J Name 2700-C UNIVERSITY BLVD. W. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32241 83 84 City Zin 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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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 DELETE Change Addition 11 TOLE MACAULEY, RALPH J NAME 1.2 NAME 906 WATERMAN RD S STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST- ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE MACAULEY.EILEEN C NAME 2.2 NAME 906 WATERMAN RD S STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-79 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 seceiver 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 from an attachment with an address. SIGNATURE:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE