FILED

SIGNATURE:

DOCUMENT # 301506 1. Entity Name BARNEY BROWNING & SONS, INC.						Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90066 009 ***150.00					
Principal Place of Business 1280 CRESTWOOD STREET JACKSONVILLE FL 32208		Mailing Address 1280 CRESTWOOD STREET JACKSONVILLE FL 32208									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number 59-1112214 Applied For					plied For t Applicable	
Zip	Country	Zip	Countr	y	5 . Ce	rtificate of	Status Desired		75 Add	litional	
	6. Name and Address of Current	Registered Agent		Name	7. Na	me and Ac	ldress of New F				
1280 CRE JACKSON	ig, david L. Stwood Wille Fl 32208			Street Address (P.O. Box Number is Not Acceptable) City							
8. The above	named entity submits this statement for signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible	and title if applicable. (NOT	E: Registered	Agent signature require		stating)		DATE			
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.0 Make Check Payable to Department of \$			ate		on Campaign Fir Fund Contributio			O May Be I to Fees	
11. TITE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNING, DAVID L. 1280 CRESTWOOD ST JACKSONVILLE FL	DIRECTORS Delete	12. TITLE NAME STREET	T ADDRESS ST-ZIP	ADDI	ITIONS/CH	IANGES TO OFF		RECTORS Change	S IN 11	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	I ADDRESS ST-ZIP				·-	Change	Addition	SS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		_		-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP	ı.	,			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	r address st-zip					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	☐ Addition	
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address.	this filing does not qualify fo true and accurate and that re- wered to execute this report	r the exem my signatu as require	ption stated in S re shall have the d by Chapter 60	ection 11 same lec 7, Florida	9.07(3)(i), l gal effect a Statutes; a	Florida Statutes. s if made under and that my nam	I further certify to oath; that I am a e appears in Blo	hat the in n officer ock 11 or	formation or director Block 12 if	