| T DOF OH OU BCI            | ORPORATION WILL BE DISSIONE 8/1/96: \$225 (IF DISSOLVED   | ELORIDA D                   | EPAFF, MENT OF                       | *3'7K" \ \ \ \                | M. = 11 ED   |  |
|----------------------------|---|-----------------------------|--------------------------------------|-------------------------------|--|--|
| PROFIT<br>CORPORATI        |   | San                         | ndra B. Mortham                      | MAN                           | FILED  |  |
| NNUAL REP                  | PORT  | Se<br>AOISIVIO              | ecretary of State<br>NOF CORPORA     |                               | 96 DCT 21 AM   | 3: 54  |
| 1996                       |   |                             |                                      |                               | AFADETARY OF S   | TATE   |
| CUMENT<br>poration Name    |   |                             |                                      |                               | SECRETARY OF S<br>TALLAHASSEE, F                                       | LORIDA   |
| Ваз                        | rco and Willia  | ms,Inc                      |                                      |                               |  |  |
|                            |   | Mailing Address             |                                      |                               |  |  |
| pal Place of Busin         | 450 San Jose I  | slvd P.O.                   | Box 2                                |                               |  | 3a. Date of Last Report  |
| 10                         | 450 San 0000 F  | โล                          | Jacks                                | onville<br>32241=482          | <ol> <li>Date Incorporated or Qualified</li> </ol>                     |  |
| Jacksonville, Fla<br>32257 |   |                             | FlA 🔻                                | SSEXXX NO.                    | 4. FEI Numb 8 / 67   | Applied For Not Applicable   |
|                            |   | 2a. Mailing Addr            | ess                                  |                               | 59-1216753   | \$8.75 Additional  |
| rincipal Place of E        | )USII 1633  | Suite, Apt. #               | , etc.                               |                               | 5. Certificate of Status Desired                                       | Fee Required \$5.00 May Be   |
| Suite, Apt. #, etc. 27     |   |                             |                                      |                               | Election Campaign Financing     Trust Fund Contribution     Sability f | Added to Fees or intentible tax under s. 199.032.  |
| City & State               |   | 28 ZID                      |                                      | Country                       | This corporation has liability     Florida Statutes                    | YX Yes No  |
| Zip                        | Country   | 29                          | 30                                   |                               | Florida Statutes  10. Name and Address of New                          | Registered Agent   |
|                            | Name and Address of Current   | Registered Agent            | <u></u>                              | 81 Name                       | Net Accel  | otable)  |
|                            | T. Mill   | iams, Jr                    |                                      | 82 Street Add                 | ress (P.O. Box Number is Not Acce                                      |  |
| 10450 San Jose Div         |   |                             |                                      | 83                            |  | 85 Zip Code  |
|                            |   | ia 32257                    | 1                                    | 84 City                       |  | FL   |
|                            | Jackbon   |                             |                                      | named CC                      | rooration submits this statement for                                   | the purpose of changing its registered accept the appointment as registered              |
|                            | a provisions of Sections 607.050  | 2 and 607.1508, F           | lorida Statutes, t<br>hange was auth | orized by the corpor          | ation's board or directors. The tary                                   |  |
| office or regist           | e provisions of Sections 607.050<br>tered agent, or both, in the State<br>miliar with, and accept the oblig                             | ations of, Section 6        | 607.0505, Fidilos                    | Jianure                       | and when reinstating)  | DATE  DEDC AND DIRECTORS IN 12   |
|                            | at another of the   | ent and title it applicable | (NOTE: Be                            | ogistered Agent signature re  | ADDITIONS/CHANGES TO   | OFFICERS AND DIRECTORS IN 12  Change Addition  |
| Signa<br>12.               | OFFICERS AN   | ND DIRECTORS                | DELETE                               | 1.1 TITLE                     |  |  |
| TITLE                      | Pres-Director   |                             |                                      | 12 NAME<br>13 STREET ADDRESS  |  |  |
| NAME                       | markar I. Wil   | liams Jr                    | Jackson                              |                               | Florida_32257  | Change Addition  |
| STREET ADDRESS CITY-ST-ZIP | 10450 San Jos   | e Blyd.                     | DELETE                               | 211112                        | 80000  | ) <b>1 986588</b> <sup>2</sup><br>/99/9801103013   |
| TITLE                      | VP- Director<br>Lynda Barco   |                             |                                      | 22 NAME<br>23 STREET ADDRESS  | <b> 111</b>  | 700100 Prii  |
| NAME                       |   | se Blvd                     |                                      | 2 4 CITY-ST-ZIP               | <del>                                      </del>                      | ****B1.25 ****** Addition  |
| STREET ADDRESS CITY-ST-ZIP | 10450 San 30s<br>Jacksonville   | Florida                     | Battle 1                             | 31 TITLE                      |  |  |
| TITLE                      | c - nimector  |                             |                                      | 32 NAME<br>33 STREET ADDRESS  |  |  |
| NAME<br>STREET ADDRESS     |   | illiams                     |                                      | 34 CITY-ST-ZIP                | <u> </u>   | ChangeAddi   |
| CITY-ST-ZIP                | Shelley C. W.<br>10450 San Jo<br>Jacksonville   | se Blva 32                  | 259 LETE                             | 41 TITLE                      |  |  |
| TITLE                      | JacksonVllle  | , 114                       |                                      | 4 2 NAME<br>43 STREET ADDRESS | ,  |  |
| NAME<br>STREET ADDRESS     |   |                             |                                      | 44 CITY - ST - ZIP            |  | Change Ad-   |
| CITY-ST-ZIP                |   |                             | DELETE                               | 51 TITLE                      |  | W W)   |
| TITLE                      |   |                             |                                      | 5.2 NAME<br>5.3 STREET ADDRES |  |  |
| NAME<br>STREET ADDRESS     | 1   |                             |                                      | 54 CITY-ST-ZIP                | 1  | Change A   |
| 1                          |   |                             | DELFTE                               | 61 TITLE                      | 1 (0   | \  |
| CITY ST - ZIP              | 7   |                             |                                      | 6.2 NAME<br>6.3 STREET ADDRE  | ss   |  |
|                            | <b>\</b>  |                             |                                      |                               | 1  |  |
|                            | reby certify that the information occurring that the information idea under oath, that I am an incer or y name appears in Blow, 12 or B |                             |                                      | 6 4 CiTY - ST - ZIP           | a not qualify for the exemption states                                 | in Section 119.07(3)(k), Florida Statute<br>ionature shall have the same legal effection |

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: