FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 13, 2003 8:00 am Secretary of State 333831 DOCUMENT # 1. Entity Name 01-13-2003 90415 024 ***150.00 FORTUNE FINANCIAL, INC. Principal Place of Business Mailing Address P O BOX 17127 P O BOX 17127 JACKSONVILLE FL 32245-7127 JACKSONVILLE FL 32245-7127 2. Principal Place of Business 3. Mailing Address OD EXECUTIVE Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-1218935 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORTMAN, J. JOHN ess (P.O. Box Number is Not Acceptable) 1200 RIVERPLACE BLVD. STE. 902 JACKSONVILLE FL 32207 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAHOON, ARTHUR NAME NAME STREET ADDRESS 1200 RIVERPLACE BLVD., STE. 902 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7IP TITLE CD ☐ Delete TITLE ☐ Change Addition CAHOON, ARTHUR NAME NAME 1200 RIVERPLACE BLVD., STE. 902 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE Delete TITLE Change -WORTMAN, J J NAME NAME STREET ADDRESS 10475-110 FORTUNE PKWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME GARRITY, MICHEAL J. NAME STREET ADDRESS 10475-110 FORTUNE PKWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ۷D Delete TITLE Change Addition NAME MCCORKLE, THOMAS J NAME STREET ADDRESS 10475-110 FORTUNE PKWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE TS Delete TITLE ☐ Change Addition NAME BROCKELMAN, MARK P NAME STREET ADDRESS 10475-110 FORTUNE PKWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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 report or supplemental 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 10 or Block 11 if