75/01 (904) 757-1126

DOCUMENT # 342555  1. Entity (Accordance of the Control of the Con					FILED Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90021 042 ***158.75			
Principal Place of Business 14600 DUVAL PL WEST #300 JACKSONVILLE FL 32218 US		Mailing Address 14600 DUVAL PL WEST #300 JACKSONVILLE FL 32218			1 10 10 10 10 10 10 10 10 10 10 10 10 10	4459	(1 <b>4</b> 1) <b>(16</b> 11 (1 <b>61</b> 1	
2. Principal Place of Business 4031 FAYE Rd Suite, Apt. #, etc.  Jackson OLLE FC		3. Mailing Address 4031 FAYE Rd Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		State FL 3		<b>4.</b> F	El Number <b>59-1234076</b>	<b>⊢</b>	Applied For Not Applicable	
	226 Country US A	<sup>zip</sup> 32226	Country	<u>l</u>	!	\$8.75 A		
	6. Name and Address of Current R	tegistered Agent	Name	7. N	lame and Address of New Regi	stered Agent		
O'GRADY, EDWARD JAMES 4852 SEABOARD AVE.		<b>.</b>	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
JAX	FL 32210	•						
			City			FL Zip Co	de	
SIGNATURE .	named entity submits this statement for Signature typed or printed interest registers again to pration is eligible to satisfy its integrible	nd title if applicable.	Registered Agent signature red	_		1/5/01 DATE 01		
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contribution Added to Fees			
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICE			
NAME - STREET ADDRESS CITY-ST-ZIP	O'GRADY, EDWARD JAMES 4852 SEA BOARD AVE. JAX FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		- American American	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address of the control	rue and accurate and that my vered to execute this report as	signature shall have t	he same 🛭	egal effect as if made under oath	; that I am an office	er or director	

NTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: