FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY -1 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **353567** **(1)**

1. Corporate Name

BUDD MAYER COMPANY OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
601 LOMAX ST JACKSONVILLE FL 32204-4000	# ROBERT. ERGER. B MEMORIAL HWY TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/09/1969	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 3444 MEMORIAL HWY	59-1272698	Applied For / Not Applicable
Suite Apt. # etc. 22	Suite Apt. # etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERGER, ROBERT B 3444 MEMORIAL HWY TAMPA FL 33607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (if changing registered agent, registered agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TYPE	D	11 TYPE	☒ Change ☐ Addition
12 NAME	FEILER, BARTON C	12 NAME	
13 STREET ADDRESS	601 LOMAX	13 STREET ADDRESS	2930 BISCAYNE BLVD.
14 CITY ST ZIP	JACKSONVILLE, FL 0	14 CITY ST ZIP	MIAMI FL 33137
21 TYPE	D	21 TYPE	☒ Change ☐ Addition
22 NAME	SUNDERLAND, C MICHAEL	22 NAME	
23 STREET ADDRESS	601 LOMAX	23 STREET ADDRESS	3444 MEMORIAL HWY
24 CITY ST ZIP	JACKSONVILLE, FL 0	24 CITY ST ZIP	TAMPA FL 33607
31 TYPE	PD	31 TYPE	☒ Change ☐ Addition
32 NAME	CHADWICK, GERALD	32 NAME	JERRALD C. CHADWICK
33 STREET ADDRESS	601 LOMAX	33 STREET ADDRESS	
34 CITY ST ZIP	JACKSONVILLE, FL 0	34 CITY ST ZIP	32204
41 TYPE	ST	41 TYPE	☒ Change ☐ Addition
42 NAME	ERGER, R B	42 NAME	ROBERT B. ERGER
43 STREET ADDRESS	601 LOMAX	43 STREET ADDRESS	3444 MEMORIAL HWY.
44 CITY ST ZIP	JACKSONVILLE, FL 0	44 CITY ST ZIP	TAMPA FL 33607
51 TYPE	V	51 TYPE	☒ Change ☐ Addition
52 NAME	HEISEY, D	52 NAME	
53 STREET ADDRESS	601 LOMAX	53 STREET ADDRESS	
54 CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	32204
61 TYPE		61 TYPE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver 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 above, or on an attachment with an address.

SIGNATURE: Robert B. Erger ROBERT B. ERGER 4/28/95 813) 282-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0442072 FP