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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **369058** **(3)**

1. Corporation Name
EQUITY PARTICIPATIONS, INC.

Principal Place of Business	Mailing Address
200 WEST FORSYTH STREET P O BOX 479 JACKSONVILLE FL 32201	200 WEST FORSYTH STREET P O BOX 479 JACKSONVILLE FL 32201-0479

3. Date Incorporated or Qualified: 08/31/1970
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd
Suite, Apt. #, etc. 22 1500	Suite, Apt. #, etc. 27 1500
City & State 23 Jacksonville, FL	City & State 28 Jacksonville FL
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

4. FEI Number: 59-1364936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
HOUSTON, CLARENCE H JR. 200 WEST FORSYTH STREET SUITE 1600 JACKSONVILLE FL 32202	81 Name: William E Scheu 82 Street Address (P.O. Box Number is Not Acceptable): 1301 RiverPLACE Blvd 83 Suite 1500 84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 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: [signature] DATE: 2/6/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~BUSS IV, JOHN S~~ ~~200 WEST FORSYTH STREET~~ ~~JACKSONVILLE, FL 00000~~ ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, JAMES S. 200 WEST FORSYTH STREET SUITE 1600 JACKSONVILLE FL 32202 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.D Taylor, James S 1301 Riverplace Blvd Suite 1500 Jacksonville FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHEU, WILLIAM E 200 WEST FORSYTH STREET SUITE 1600 JACKSONVILLE FL 32202 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P.D. William E Scheu 1301 Riverplace Blvd Suite 1500 Jacksonville FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~HOUSTON, CLARENCE H JR.~~ ~~200 WEST FORSYTH STREET SUITE~~ 1600 ~~JACKSONVILLE FL 32202~~ ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED 2/6/97 904-398-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042198