2006 FOR PROFIT CORPORATION

SIGNATURE:

Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #390588** 04-13-2006 90298 028 ***150.00 1. Entity Name J.D. JERVEY AND COMPANY, INC. Mailing Address Principal Place of Business 20011224 1900 FARRAGUT PLACE 1900 FARRAGUT PLACE PO DRAWER 10519 PO DRAWER 10519 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04102006 Chg-P Applied For 4. FEI Number City & State City & State 59-1365080 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JERVEY, PAMELA T Street Address (P.O. Box Number is Not Acceptable) 1900 FARRAGUT PLACE P O DRAWER 10519 JACKSONVILLE, FL 32207 Zip Code City 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 _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SD ☐ Delete TITLE Change ☐ Addition TITLE JERVEY, JAY D NAME NAME 1900 FARRAGUT PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL PT TITLE ☐ Delete TITLE Change ☐ Addition NAME JERVEY, PAMELA TAYLOR NAME STREET ADDRESS 1900 FARRAGUT PLACE STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP Change TITLE D ☐ Delete TITLE ☐ Addition Coleman, John H III COLEMAN, JOHN H III NAME NAME 2805 Aberdeen Dr. STREET ADDRESS 1016 BIG CANYON DR STREET ADDRESS FLOWER MOUND, TX 75028 CITY-ST-ZIP CITY-ST-ZIP Flower Mound, Tx 75028 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

amela

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