2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 394471** 1. Entity Name 04-26-2004 90991 043 ***150 00 ORANGE PARK SERVICE, INC. Principal Place of Business Mailing Address 525 BLANDING BLVD PO BOX 187 ORANGE PARK FL 32067-0187 525 BLANDING BLVD PO BOX 187 ORANGE PARK FL 32067-0187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1374697 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 SMITH & HULSEY PROFESSIONAL ASSOCIATION Street Address (P.O. Box Number is Not Acceptable) 1800 FLORIDA NAT'L BANK TOWER 225 WATER ST. JACKSONVILLE FL 32202 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Delete TITLE WILLIAMS SR, WILLIAM L NAME NAME 4720 S.R. 13 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition PERRETTA, VIRGIE H. NAME NAME 14 BLANTON LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM COAST FL 32137 CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition WILLIAMS, JEANNE NAME NAME STREET ADDRESS 4720 S.R. 13 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Defete TITLE Change Addition TITLE HARRIS JR.HARRY E. NAME NAME 2747 BLANDING BLVD STREET ADDRESS STREET ADDRESS City-ST-ZIP MIDDLEBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

H. PERRETTA

FILED