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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

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DOCUMENT # 416284

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FILED

Jan 22 1998 8:00am

Secretary of State

H.W. KEISTER ASSOCIATES, INC. Principal Place of Business Mading Address 2027 UNIVERSITY BLVD N 2027 UNIVERSITY BI.VD N JACKSONVILLE FL 32211 JACKSONVILLE FL 32211-3223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1435681 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 X Yes □No 24 25 29 30 p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name KEISTER, MARK J. 2119 UNIVERSITY BLVD. N. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 84 Zip Code 85 1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ection 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent agent. I am familiar SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE KEISTER, HALEY W. NAME 1.2 NAME 2119 UNIVERSITY BLVD. N. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE TITLE Change Addition 2.1 TITLE WEBB, DAVID L 2.2 NAME 2027 UNIVERSITY BLVD N STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition KEISTER, MARK J. 3.2 NAME 2027 UNIVERSITY BLVD, N STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. C(TY - ST - Z(P DELETE TITLE Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-7IP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE Change Addition 61 1IILE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. 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 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 trusted 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 attention with an articles.

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