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
FILED
95 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **538023** **(3)**

1. Corporate Name
MANDARIN INSURANCE AGENCY, INC.

Principal Place of Business
P O BOX 10729
JACKSONVILLE FL 32247-7729

Mailing Address
P O BOX 10729
JACKSONVILLE FL 32247-7729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1977**
3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2562666** ☐ 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

GLENN, PAUL M
10475-110 FORTUNE PKWY
JACKSONVILLE, FL
32256

10. Name and Address of New Registered Agent

81 Name: Mr & Corkle, Thomas J.
82 Street Address (P.O. Box Number is Not Acceptable): 10475-110 Fortune Parkway
83
84 City: Jacksonville FL 85 Zip Code: 32256

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: Thomas J. McCorkle Thomas J. McCorkle, Director 4/25/95
(Signature of New Registered Agent, if changing) (Name & Capacity of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	MCCORKLE, ALLAN J	2. NAME	
STREET ADDRESS	10475-110 FORTUNE PKWY	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	4. CITY, ST, ZIP	
TITLE	T	1. TITLE	S ☒ Change ☐ Addition
NAME	MARTIN, KEITH E	2. NAME	Purcell, Carlena E.
STREET ADDRESS	10475-110 FORTUNE PKWY	3. STREET ADDRESS	10475-110 Fortune Parkway
CITY, ST, ZIP	JACKSONVILLE, FL 00000	4. CITY, ST, ZIP	Jacksonville, FL 32256
TITLE	D	1. TITLE	D ☒ Change ☐ Addition
NAME	GLENN, PAUL M	2. NAME	McCorkle, Thomas J.
STREET ADDRESS	10475-110 FORTUNE PKWY	3. STREET ADDRESS	10475-110 Fortune Parkway
CITY, ST, ZIP	JACKSONVILLE, FL 00000	4. CITY, ST, ZIP	Jacksonville, FL 32256
TITLE	S	1. TITLE	☐ Change ☐ Addition
NAME	PURCELL, CARLENA E	2. NAME	
STREET ADDRESS	10475-110 FORTUNE PKWY	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	4. CITY, ST, ZIP	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report 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 with changes or corrections typed or printed above it with an address.

SIGNATURE: Carlena E. Purcell Carlena E. Purcell 4/25/95 904-363-6359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024501 CP

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APPROVED
MAY 1 1995
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TALLAHASSEE, FLORIDA

DOCUMENT # **539387** (1)

1. Entity Name

NERIS, INC.

Principal Place of Business	Mailing Address
700 BENJAMIN FRANKLIN DR SARASOTA FL 34236	700 BENJAMIN FRANKLIN DR SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated/Qualified: 06/23/1977	3a. Date of Last Report: 05/01/1994
21 4939 HIDDEN OAKS LN	26 4939 HIDDEN OAKS LN	4. FEI Number: 59-1775135	☐ Applied For ☐ Not Applicable
Suite, Apt. # or other: 22	Suite, Apt. # or other: 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 SARASOTA, FL	City & State: 28 SARASOTA FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 34232 County: 25 US	Zip: 29 34232 County: 30 US	8. The corporation has liability for unitary tax under § 220.03(1)(e) Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CZERWIEC, STEFA 700 BENJAMIN FRANKLIN DR SARASOTA FL 33577	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 4939 HIDDEN OAKS LANE 83 84 City: SARASOTA FL 85 Zip Code: 34232

11. Pursuant to the provisions of Sections 607.1503 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 (Required if this is a change of registered agent. Typed or printed name of registered agent and title if registered agent is an officer or agent of a corporation.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 TYPE	PD	13 TYPE	☑ Change ☐ Addition
12 NAME	CZERWIEC,STEFA	13 NAME	
12 STREET ADDRESS	700 BENJAMIN FRANKLIN DR	13 STREET ADDRESS	4939 HIDDEN OAKS LN
12 CITY ST ZIP	SARASOTA FL	13 CITY ST ZIP	SARASOTA FL 34232
12 TYPE	VD	13 TYPE	☑ Change ☐ Addition
12 NAME	JAKUSOVAS, WILLIAM	13 NAME	
12 STREET ADDRESS	700 BENJAMIN FRANKLIN DR	13 STREET ADDRESS	
12 CITY ST ZIP	SARASOTA FL	13 CITY ST ZIP	
12 TYPE	V	13 TYPE	☑ Change ☐ Addition
12 NAME	KOZLOWSKI, RONALD	13 NAME	
12 STREET ADDRESS	700 BENJAMIN FRANKLIN DR	13 STREET ADDRESS	
12 CITY ST ZIP	SARASOTA FL	13 CITY ST ZIP	
12 TYPE	V	13 TYPE	☑ Change ☐ Addition
12 NAME	RAPALAVICIUS, ANTONIO	13 NAME	
12 STREET ADDRESS	700 BEN J. FRANKLIN	13 STREET ADDRESS	
12 CITY ST ZIP	SARASOTA FL	13 CITY ST ZIP	
12 TYPE	SD	13 TYPE	☑ Change ☐ Addition
12 NAME	JAKUSOVAS, VERONICA	13 NAME	
12 STREET ADDRESS	700 BENJAMIN FRANKLIN DR	13 STREET ADDRESS	
12 CITY ST ZIP	SARASOTA FL	13 CITY ST ZIP	
12 TYPE	TD	13 TYPE	☑ Change ☐ Addition
12 NAME	KOZLOWSKI, MARY	13 NAME	
12 STREET ADDRESS	700 BENJAMIN FRANKLIN DR	13 STREET ADDRESS	
12 CITY ST ZIP	SARASOTA FL	13 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: I/We 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Veronica Jakusovas 5-1-95 (813)378-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0341085 CP