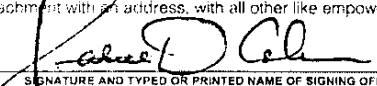


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90084 043 ***150.00

DOCUMENT # 602924 1. Entity Name COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL ASSOCIATION					
Principal Place of Business 800 WEST MONROE STREET JACKSONVILLE, FL 32202 US			Mailing Address P.O. BOX 40089 JACKSONVILLE, FL 32203 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04152008 Chg-P CR2E034 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1351084	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, PATRICK D. 800 WEST MONROE STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GROGAN, MICHAEL K 800 WEST MONROE STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AVP Prendergast, Michael G. 800 West Monroe Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ANDREWS, WILLIAM H 800 WEST MONROE STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P COLEMAN, PATRICK D 800 WEST MONROE STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AVP RIEDEL, ROBERT G JR 800 WEST MONROE STREET JACKSONVILLE, FL 32202	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AVP STRONG, TIMOTHY B 800 WEST MONROE STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC HOLSHOUSER, ERIC J 800 WEST MONROE STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE: 			4/16/08 904-389-5161		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		