FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (5)ELMER W. LIVINGSTON, INC. Principal Place of Business Mailing Address 17900 RED BASS DRIVE 17900 RED BASS DRIVE JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1981 04/18/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 17900 RED BASS DR SAME AS # Z 26 59-2139019 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be m NILLE 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s 199.032, Yes AND 29 Florida Statutes 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LIVINGSTON, ELMER W Street Address (P.O. Box Number is Not Acceptable) 82 9252 SANJOSE BLVD #1902 ---83 JACKSONVILLE FL 32217 Zip Code よっとん City 84 JACKSONNILE 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 appent the obligations of Section 607.0505, Florida Statutes. A/20 21, 1996 (NOTE: Registered Agent signature required when reinstating). DATE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICIERS AND DIRECTORS 13. DELETE TITLE 1. 1 TITLE Change Addition LIVINGSTON, ELMER W NAME 1.2 NAME CR2E034 STREET ADDRESS 17900 RED BASS DRIVE 1.3 STREET ADDRESS JACKSONVILLE FL 81 1.4 CITY - ST- ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 2. 1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - S1 - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 CITY - ST-ZIP CHTY-ST-ZIP ☐ Addition DELETE. ☐ Change TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(1) - S1 - Z(P 4.4 CITY - ST - ZIP ☐ DELETE Change THILE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** C(1)Y - S1 - Z(P 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY - ST- ZIP

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12.

appears in Block 12 or Blo 13 if changed, or on an attached with an address SIGNATURE:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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