CORPORATION ANNUAL REPORT       Series Mortham Becreary of State DUNSION OF CORPORATIONS       The CO US 1997 / S. OUGHIN Secretary of State         1997       DUNSION OF CORPORATIONS         COUMENT # 702470       (6)         THE EDUCATION AND RESEARCH FOUNDATION OF FLORIDA .NC.       Mailing Address         Making Address       Mailing Address         Makebbe EP #202       Mailing Address         Makebbe EP #202       Mailing Address         Some Les 1200       Mailing Address         Makebbe EP #202       Mailing Address         Makebbe EP #202       Mailing Address         Makebbe EP #202       Some Apple # comportand or Qualified       3e. Date Incorporated or Qualified       3e. Date Report         State       Principal Place of Business       2e. Mailing Address       4. FEI Number       Applicate Fr.         State       State       State       State Incorporated or Qualified       3e. Date glassed Applicate         State       State       State       State Incorporated Address of Qualified Fr.       Applicate Fr.         State       State       State       State Incorporated Address of Qualified Free Apple       Tota State Qualified Free Apple         State       State       Country       State Incorporated Address of Qualified Free Apple       State Incorporated Address of Qualified Free A		NPROFIT	FILING FEE	- 			LED	0
Image: I	COR	PORATION				Feb 03 1	99/8:0	JUam
OCUMENT #       TO2470       (6)         The EDUCATION AND RESEARCH FOUNDATION OF FLORIDA JNC.       Maing Address       Maing Address         McKSDE DF AV2 Sowella ER 3220       Maing Address       Maing Address         McKSDE DF AV2 Sowella ER 3220       Maing Address       . Dots inconsentation of Coulded in the Address         Finnepial Place of Buinness       Jack Maing Address       . Dots inconsentation of Coulded in the Address         Finnepial Place of Buinness       Jack Maing Address       . Certificate of Status         Finnepial Place of Buinness       Jack Maing Address       . Certificate of Status Desked       Status Address of Address         City & Status       Jack Address of Courset Registering Address       . Certificate of Status Desked       Status Address of Courset Registering Address         Zop       Courset Registering Address of Row Registere Address address of Row Registere Address of Row Regi	• · · · · -	and the second se			•	Secreta	ry of S	tate
THE EDUCATION AND RESEARCH FOUNDATION OF FLORIDA .NCC.       Maing Address         Local Processor       Maing Address         Local Processor       Vol. LAKESDE DF Azz SouthLE FL 5270         Processor       Vol. LAKESDE DF Azz JACKONNULE FL 5270 Store         Processor       21         Processor       22         Store, April # Occ.       22         Store, April # Occ.       22         Store, April # Occ.       20         Store, April # Occ.       27         Store, April # Occ.       27         Chyl & Store       Country         B. Lans and Address of Counter Registered Agent       80         BRYANT, CECILLA A       28         Chyl & Store       29         Chyl & Store       20         Chyl & Store       20         BRYANT, CECILLA A       28         Chyl & Store       29         Chyl & Store       20         Chyl & Store       20         Chyl & Store       20         BRYANT, CECILLA A       28         Chyl & Store       29         Chyl & Store<			70	(6)				
JNC.       Impail Processing PC Development of the statement for the purpose of description statement of the processing PC Development of description statement for the purpose of description statement of th				• •				
Access of the series of Country     Access of the series of Country     Access of the series of Country     Access of Ac		OCATION AND RESEA						
SGAVILLE FL 32210  JACKSONVILLE FL 3210  JACKSONVILLE FL 1  JACKSONVILLE FL  JACKSONVILLE FL  JACKSONVILLE FL  JACKSONVILE FL	ncipal Place	e of Business	Mailing	Address			I BIUII OTOT DIQI DIQI DU	ILT UPUH (UU
Construction     C					361			······
Suife, Apt. 4, etc.     58     594 StS5007     Init Applicable       City & State     21     City & State     5. Certificate of Statuto Devised     Fast Reparted       City & State     22     City & State     5. Certificate of Statuto Devised     Fast Reparted       Zip     Country     2p     Country     8. Election Campaign Financing     \$5.00 May Be       Zip     20     Country     2p     Country     8. Election Campaign Financing     \$5.00 May Be       Zip     20     Country     2p     Country     8. This corporation has liability for Inancipite target date in the state of Financing     \$5.00 May Be       Zip     20     Country     8. This corporation has liability for Inancipite target date in the state of Financing     \$5.00 May Be       Zip     Country     2p     Country     8. This corporation bas liability for Inancipite target date in the state of Financing     \$5.00 May Be       Zip     Country     2p     Country     8. This corporation bas liability for Inancipite target date in the state of Financing     \$5.00 May Be       Zip     Country     2p     Country     8. This corporation bas liability for Inancipite target date in the state of Financing     \$5.00 May Be       Zip     Country     2p     Country     8. This corporation bas liability for Inancipite target date in the state of Financing     \$5.00 May B					······································	05/24/1961	01/26/199	6
Suite. Apt. #, etc.       28       Suite. Apt. #, etc.       5. Certificate of Status Desired       Feb Regulated         City & State       6. Section Correction Preacting       State. Apt. #, etc.       5. Certificate of Status Desired       Feb Regulated         Zip       Country       8. The State       6. Election Correction Preacting       State. Apt. #, etc.         Zip       Country       8. This Correction has table for framplate tegrades in the State of Previous Status Desired       Feb Regulated         BRYANT, CECILIA A       8. Name and Address of Current Registered Agent       8. This Correction has table for framplate tegrades and the Registered Agent         BRYANT, CECILIA A       8. Name and Address of Current Registered Agent       8. The State of Previous Correction has table for framplate tegrades of the Registered Agent         Asso BRTGOD FOREST DRVE       48       Name       7. Country       FL       18. Country         JACKSONVILLE FL S2210       44       City       FL       18. Country       18. Country       18. Country         BRYANT, ADRUE       State of Previous State of Previous Count of 17. Stote Provides State of Previous Country to Previous Country to Previous Country       18. Country       18. Country         BRYANT, ADRUE       State of Previous Country       18. ADDITIONSCHANGES TO OFFICERS AND DIFE	Principal Pl	ace of Business	<u> </u>	ling Address				
City & State       City & State       Election Campaign Financing       \$5.00 May Be Added to Fees Added to Fees Added to Fees         Zip       Zip       Zip       Zip       Country       Entition Campaign Financing       \$6.00 May Be Address of Current Registered Agent         B. Nerse and Address of Current Registered Agent       10. Nerse and Address of Current Registered Agent       10. Nerse and Address of New Registered Agent         BRYANT, CECILIA A 43580 ORTOOC FOREST DRIVE JACKSONVLLE FL 32210       Since Address of Current Registered Agent       Since Address of New Registered Agent         BRYANT, CECILIA A 43580 ORTOOC FOREST DRIVE JACKSONVLLE FL 32210       Since Address of New Registered Agent       Since Address of New Registered Agent         BRYANT, CECILIA A 43580 ORTOOC FOREST DRIVE JACKSONVLLE FL 32210       Since Address of New Registered Agent       Since Address of New Registered Agent         agent I ant Antrive Mit, and Acceptation Scotton 617.1508. Florida Statutes, the abbee-harned corporation submite this statement for the purpose of Oranging IA singlished       Singlished         Generative State Stat	Suite, Apt. (	#, elc.	Suit	e, Apt. #, etc.		5. Certificate of Status Desired	FI \$8.75 /	Additional
Zip       Country       Zip       Country       8. This corporation has lability for manyble tay/inder s. 1980.032, Prioride Statutes         9. Name and Address of Current Registered Agent       20       Name and Address of Current Registered Agent         8. This corporation has lability for manyble tay/inder s. 1980.032, Prioride Statutes       New Ed No.         BRYANT, CECILIA A       41       Name         439 ORTOGO FOREST DRIVE       82       Street Address of Norther tay to the Country of the C	City & State	9	City	& State			\$5.00	May Be
Image: Second Section 2 Current Registered Agent       10. Name and Address of New Registered Agent         BRYANT, CECILIA A       10. Name and Address of New Registered Agent         BRYANT, CECILIA A       10. Name and Address of New Registered Agent         4380 ORTOGO FOREST DRVE       20 Street Address (P.O. Box Number is Not Adgreptable)         JACKSONMULE FL 32210       40 City         64 City       FL 100 City A Latter City A Latter City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       61 City         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (P.O. Box Number is Not Adgreptable)       780 City Address (P.O. Box Number is Not Adgreptable)         780 ORTOGO Agent Address (	Zip	Country			Country			
BRYANT, CECILIA A     81     Name       BRYANT, CECILIA A     62     Street Address (P.O. Box Number is Not Agceptable)       JACKSONVILLE FL 32210     63     City     FL     65     30 Code       BRYANT, CECILIA A     64     City     FL     65     30 Code       Pursuant to the provisions of Sections 617 0002 and 617 1008. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I and the State of Florida. Such changing vas authorized by the corporation stade of directors. I hereby accept the appointment as registered agent. I and the State of Florida. Such changing vas authorized by the corporation stade of directors. I hereby accept the appointment as registered agent. I and the statement for the purpose of changing its registered agent. I and the statement of the colores in the statement of the purpose of changing its registered agent. I and the statement of accept the oblight of accept the accept the oblight of accept the accept the oblight of accept the oblight of accept the accept the accept the accept the					30	Florida Statutes	Yes DY No	
4339 ORTOGO FOREST DRIVE JACKSONVILLE FL 32210       Figure 1 for the provision of Society 517 1500. Fordal Statutes, the above-named corporation submite this statement for the purpose of change base authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Society 617 1500. Fordal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Society 617 1500. Fordal Statutes.         SNATURE       Events. the director of the obligations of Society 617 1500. Fordal Statutes.       (NOTE Registered Agent eigent) and the directors. I hereby accept the appointment as registered agent and the statutes.         SNATURE       Events. the director of the obligations of the director of the obligation of the director of the director of the obligation of the director of the di		<u>, 1000 010 100 010</u>			81 Name			
Survaue: hyper to private a part of this of applicable.       (HOTE: Regrature required when remaining)       .'       DATE         OFF location and of a privation and this of applicable.       (HOTE: Regrature required when remaining)       .'       DATE         E       PD       DIRECTORS IN 12       .       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         E       BRYANT, FARRIS        12 NUME        Change       Addition         46       BRYANT, FARRIS        13 STREET ADDRESS					64 City	······································	FI 85 Zip (	Code
AE       BRYANT, FARRIS       12 NAME         EET ADDRESS       4401 LAKESIDE DR #202       13 SINET ADDRESS         Y-S1-2P       JACKSONVILLE FL       14 DTY-S1-2P         E       VD       DELETE       21 MARE         AE       RUFFIN, DR. WM C., AR.       22 MARE         2801 N.W. 7TH RD.       23 SINET ADDRESS         Y-S1-2P       GAINESVILLE FL       24 CITY-S1-2P         E       NO       DELETE         Y-S1-2P       GAINESVILLE FL       24 CITY-S1-2P         AE       STD       DELETE         AE       STD       DELETE         AE       NW. 7TH RD.       23 SINET ADDRESS         Y-S1-2P       GAINESVILLE FL       Addition         AE       STD       DELETE         AE       NO       DELETE         AE       VD       33 SINET ADDRESS         V-S1-2P       JACKSONVILLE FL       Addition         AE       VD       DELETE       4 CITY-S1-2P         AE       VD       DELETE       4 SINET ADDRESS         VS1-2P       JACKSONVILLE FL       4 Addition       4 SINET ADDRESS         VS1-2P       JACKSONVILLE FL       5 SINET ADDRESS       4 CITY-S1-2P		to the provisions of Sections 61 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 617.15 State of Florida. S obligations of, Sec	508, Florida Statu uch change was stion 617.0503, Fl		rporation submits this statement for the pu ation's board of directors. I hereby accept	FL 32	207
EET ADDRESS       4401 LAKESIDE DR #202       1.3 STREET ADDRESS         Y-ST-2P       JACKSONVILLE FL       1.4 CITY-ST-2P         E       VD       DELETE       21 TITLE         ACK       DRW ML C.JR.       22 NAME         2801 N.W. 7TH RD.       23 STREET ADDRESS       4401 LAKESIDE DR #202         Y-ST-2P       GAINESVILLE FL       2.4 CITY-ST-2P         GAINESVILLE FL       2.4 CITY-ST-2P         ACKSONVILLE FL       2.4 CITY-ST-2P         AE       STD       DELETE         PRITCHETT, ANETTE, MRS.       32 NAME         EET ADDRESS       32 STREET ADDRESS         JACKSONVILLE FL       3.4 CITY-ST-2P         AE       PRITCHETT, ANETTE, MRS.         BET ADDRESS       3.5 STREET ADDRESS         JACKSONVILLE FL       3.4 CITY-ST-2P         AE       VD       DELETE         ACKSONVILLE FL       3.4 CITY-ST-2P         ACKSONVILLE FL       4.3 STREET ADDRESS         Y-ST-2P       JACKSONVILLE FL         ACITY-ST-2P       Addition         AF       4.3 STREET ADDRESS         Y-ST-2P       JACKSONVILLE FL         ACITY-ST-2P       Addition         AF       5.2 NAME         BRYANT, JULIA	GNATURE _	Signature, typed or printed name of registe	red agent and title if appl	icable. (NO	rtes, the above-named co authorized by the corpora lorida Statutes. TE: Registered Agent signature requ	uired when reinstating)3	FL 32 urpose of changing it t the appointment as	acc7 ts registered registered
For Carlier       Order for the carling       DELETE       21 TITLE       Delete       Change       Addition       <	GNATURE _	Signature, typed or printed name of register OFFICER PD	red agent and title if appl	icable. (NO IS	tes, the above-named co authorized by the corpora lorida Statutes. TE: Registered Agent signature reqe 13.	uired when reinstating)3	FL 32 urpose of changing it t the appointment as DATE ERS AND DIRECTOR	acc7 ts registered registered
AE       RUFFIN, DR. WM C.,JR.       22 NAME         2601 N.W. 7TH RD.       23 STREET ADDRESS         GAINESVILLE FL       2.4 CITY-ST-2IP         LE       STO       DELETE         AE       STO       DELETE         STO       DELETE       31 TITLE         AE       STO       DELETE         AE       STO       DELETE         JACKSONVILLE FL       JACKSONVILLE FL       Addition         AF.ST-2IP       JACKSONVILLE FL       JACKSONVILLE FL         E       VD       DELETE       A1 TITLE         JACKSONVILLE FL       JACKSONVILLE FL       JACKSONVILLE FL         E       VD       DELETE       A1 TITLE         JACKSONVILLE FL       JACKSONVILLE FL       JACKSONVILLE FL         E       VD       DELETE       A STREET ADDRESS         JACKSONVILLE FL       JACKSONVILLE FL       JACKSONVILLE FL         E       VD       DELETE       S1 TITLE         KE       BRYANT, JULIA B.       S2 NAME       S3 STREET ADDRESS         VST-2/P       JACKSONVILLE FL       S1 TITLE       Change       Addition         KE       S1 TITLE       S1 TITLE       Change       Addition         KE<	GNATURE _ .LE ME	Signature, typed or printed name of registe OFFICER PD BRYANT, FARRIS	red agent and title if appi IS AND DIRECTOR	icable. (NO IS	tes, the above-named col authorized by the corpora lorida Statutes. TE: Registered Agent eignature requ 13. 1.1 TITLE 1.2 NAME	uired when reinstating)3	FL 32 urpose of changing it t the appointment as DATE ERS AND DIRECTOR	S registered registered RS IN 12
Let ADDRESS       2601 N.W. 7TH RD.       23 STREET ADDRESS         GAINESVILLE FL       2.4 CITY-ST-ZIP         Le       STD       DELETE         ARE       PRITCHETT, ANETTE, MRS.       32 NAME         SOOD SAN JOSE BLVD.       33 STREET ADDRESS         Y-ST-ZIP       JACKSONVILLE FL       34. CITY-ST-ZIP         Le       VD       DELETE         ARE       BRYANT, CECILLA A.       42 NAME         Let ADDRESS       3337 ORTEGA FOREST DR.       43 STREET ADDRESS         Y-ST-ZIP       JACKSONVILLE FL       44 CITY-ST-ZIP         Let ADDRESS       3337 ORTEGA FOREST DR.       43 STREET ADDRESS         Y-ST-ZIP       JACKSONVILLE FL       44 CITY-ST-ZIP         KE       VD       DELETE       51 TITLE         ARE       STREET ADDRESS       53 STREET ADDRESS       44 diftion         KE       BRYANT, JULIA B.       51 TITLE       Change       Addiftion         KE       STREET ADDRESS       43 STREET ADDRESS       44 CITY-ST-ZIP       Change       Addiftion         KE       HODRESS       43 STREET ADDRESS       53 STREET ADDRESS	GNATURE _	Signature, typed or printed name of legisle OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202	red agent and title if appi IS AND DIRECTOR	icable. (NO RS DELETE	tes, the above-named con authorized by the corpora lorida Statutes. TE: Registered Agent eignature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)3	FL 32 urpose of changing it t the appointment as DATE ERS AND DIRECTOR	S registered registered RS IN 12
E       STD       DELETE       31 TITLE       Change       Addition         AE       PRITCHETT, ANETTE, MRS.       32 NAME       33 STREET ADDRESS       32 NAME         S000 SAN JOSE BLVD.       33 STREET ADDRESS       33 STREET ADDRESS       34 CITY-ST-ZP         JACKSONVILLE FL       34 CITY-ST-ZP	GNATURE _ .e Me Eet address Y-St-ZIP .e	Signature, typed or printed name of legisle OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD	red agent and title if appi IS AND DIRECTOR	icable. (NO RS DELETE	tes, the above-named con authorized by the corpora lorida Statutes. TE: Registered Agent eignature req. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE	uired when reinstating)3	FL 32 urpose of changing It t the appointment as DATE ERS AND DIRECTOR Change	a constraints and the second s
AE       PRITCHETT, ANETTE, MRS.         92 NAME       32 NAME         8ET ADDRESS       5000 SAN JOSE BLVD.         9-S1-2/P       JACKSONVILLE FL         94       DELETE         4       11TILE         4       BRYANT, CECILLA A.         4       2 NAME         251-2/P       JACKSONVILLE FL         4       11TILE         4       11TILE         4       2 NAME         251-2/P       JACKSONVILLE FL         4       4 CITY-S1-2/P         JACKSONVILLE FL       44 CITY-S1-2/P         4       DELETE         5       11TILE         4       Change         Addition         AR       52 NAME         53 STREET ADDRESS         4401 LAKESIDE DR #202         53 STREET ADDRESS         4-01 LAKESIDE DR #202         53 STREET ADDRESS         4-01 LAKESIDE DR #202         53 STREET ADDRESS         4-01 LAKESIDE DR #202         54 CITY-ST-ZIP         4-0         4-0         4-0         1-2         1-2         1-2         1-2	GNATURE _	Signature, typed or printed name of register OFFICER BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD.	red agent and title if appi IS AND DIRECTOR	icable. (NO RS DELETE	tes, the above-named con authorized by the corpora lorida Statutes. TE: Registered Agent eignature requinant 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)3	FL 32 urpose of changing It t the appointment as DATE ERS AND DIRECTOR Change	ac 7 Is registered registered IS IN 12 Addition
Y-SI-2IP       JACKSONVILLE FL       34. CITY-ST-2IP         E       VD       DELETE       41 TITLE       Change       Addition         AE       BRYANT, CECILIA A.       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         Y-SI-2IP       JACKSONVILLE FL       4.4 DITY-ST-2IP       4.4 DITY-ST-2IP       4.4 DITY-ST-2IP         E       VD       DELETE       5.1 TITLE       Change       Addition         AE       BRYANT, JULIA B.       5.2 NAME       5.3 STREET ADDRESS       4.4 DITY-ST-2IP         AE       BRYANT, JULIA B.       5.2 NAME       5.3 STREET ADDRESS       4.4 DITY-ST-2IP         AFET ADDRESS       4401 LAKESIDE DR #202       5.3 STREET ADDRESS       4.4 DITY-ST-2IP       Addition         AE       IDELETE       5.1 TITLE       5.4 CITY-ST-2IP       Addition       5.4 CITY-ST-2IP         I.E       JACKSONVILLE FL       5.3 STREET ADDRESS       5.3 STREET ADDRESS       5.4 CITY-ST-2IP         EE ADDRESS       4401 LAKESIDE DR #202       5.3 STREET ADDRESS       5.4 CITY-ST-2IP       4.4 DITY-ST-2IP         I.E       I.E       STREET ADDRESS       6.4 CITY-ST-2IP       4.4 DITY-ST-2IP       4.4 DITY-ST-2IP         I.E       STREET ADDRESS       6.3 STREET ADDRESS       6.4 CITY-ST-2IP <td>SNATURE _ E E E E E E E E E E E E E E E E E E</td> <td>Signature, typed or printed name of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL</td> <td>red agent and title if appi IS AND DIRECTOR</td> <td>icabie. (NO RS DELETE</td> <td>TE: Registered Agent eigneture required in the above-named control authorized by the corporation of the approximation of the approximat</td> <td>uired when reinstating)3</td> <td>FL     32.       urpose of changing it the appointment as       DATE       ERS AND DIRECTOF       Change</td> <td>registered registered</td>	SNATURE _ E E E E E E E E E E E E E E E E E E	Signature, typed or printed name of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL	red agent and title if appi IS AND DIRECTOR	icabie. (NO RS DELETE	TE: Registered Agent eigneture required in the above-named control authorized by the corporation of the approximation of the approximat	uired when reinstating)3	FL     32.       urpose of changing it the appointment as       DATE       ERS AND DIRECTOF       Change	registered registered
E       VD       DELETE       4.1 TITLE       Change       Addition         AE       BRYANT, CECILIA A.       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         Gr-ST-ZIP       JACKSONVILLE FL       4.4 CITY-ST-ZIP       4.4 CITY-ST-ZIP       Image       Addition         AE       VD       DELETE       5.1 TITLE       Image       Addition         AE       BRYANT, JULIA B.       5.2 NAME       5.3 STREET ADDRESS       Addition         AE       BRYANT, JULIA B.       5.4 CITY-ST-ZIP       Image       Addition         AE       JACKSONVILLE FL       5.3 STREET ADDRESS       Image       Addition         AE       DELETE       5.1 TITLE       Image       Addition         AE       BRYANT, JULIA B.       5.4 CITY-ST-ZIP       Image       Addition         AE       JACKSONVILLE FL       5.4 CITY-ST-ZIP       Image       Addition         AE       Image       DELETE       6.1 TITLE       Image       Addition         AE       Image       STREET ADDRESS       Image       Addition         AF       Image       Image       6.4 CITY-ST-ZIP       Image       Addition         AE       Image       Image       6.4 CITY-ST-ZIP </td <td>SNATURE _ E E EET ADDRESS (-ST-ZIP E E E E E E E E E E T-ZIP E E</td> <td>Signature, typed or printed name of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD</td> <td>red agent and title if appi IS AND DIRECTOF</td> <td>icabie. (NO RS DELETE</td> <td>tes, the above-named cor authorized by the corpora lorida Statutes. TE: Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE</td> <td>uired when reinstating)3</td> <td>FL     32.       urpose of changing it the appointment as       DATE       ERS AND DIRECTOF       Change</td> <td>registered registered</td>	SNATURE _ E E EET ADDRESS (-ST-ZIP E E E E E E E E E E T-ZIP E E	Signature, typed or printed name of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD	red agent and title if appi IS AND DIRECTOF	icabie. (NO RS DELETE	tes, the above-named cor authorized by the corpora lorida Statutes. TE: Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	uired when reinstating)3	FL     32.       urpose of changing it the appointment as       DATE       ERS AND DIRECTOF       Change	registered registered
AE       BRYANT, CECILIA A.       4.2 NAME         S337 ORTEGA FOREST DR.       4.3 STREET ADDRESS         JACKSONVILLE FL       4.4 CITY-ST-ZIP         E       VD       DELETE         BRYANT, JULIA B.       5.2 NAME         EET ADDRESS       4401 LAKESIDE DR #202         (-ST-ZIP       JACKSONVILLE FL         5.3 STREET ADDRESS       4401 LAKESIDE DR #202         (-ST-ZIP       JACKSONVILLE FL         6.4 CITY-ST-ZIP       5.3 STREET ADDRESS         (-ST-ZIP       JACKSONVILLE FL         6.4 CITY-ST-ZIP       5.4 CITY-ST-ZIP         AE       DELETE       6.1 TITLE         6.1 DELETE       6.1 TITLE         6.2 NAME       6.3 STREET ADDRESS         Y-ST-ZIP       6.4 CITY-ST-ZIP         AE       0.3 STREET ADDRESS         Y-ST-ZIP       6.4 CITY-ST-ZIP         I do 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	SNATURE _ E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E AE E EET ADDRESS	Signature, typed of printed named of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD.	red agent and title if appi IS AND DIRECTOF	icabie. (NO RS DELETE	TE: Registered Agent eigneture required by the corporation of the source of the corporation of the corporation of the source of	uired when reinstating)3	FL     32.       urpose of changing it the appointment as       DATE       ERS AND DIRECTOF       Change	registered registered
JACKSONVILLE FL       4.4 CITY-ST-ZIP         E       VD       DELETE       5.1 TITLE       Change       Addition         AE       BRYANT, JULIA B.       5.2 NAME       5.3 STREET ADDRESS       4401 LAKESIDE DR #202       5.3 STREET ADDRESS         (-ST-ZIP       JACKSONVILLE FL       5.4 CITY-ST-ZIP       5.4 CITY-ST-ZIP       Change       Addition         AE       DELETE       6.1 TITLE       Change       Addition         AE       DELETE       6.1 TITLE       Change       Addition         AE       6.2 NAME       6.3 STREET ADDRESS       Change       Addition         AE       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       Change       Addition         AE       1.1 do 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	SNATURE _ E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP	Signature, typed of printed named of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL	red agent and title if appi IS AND DIRECTOF	ICADIO. (NO NS DELETE	TE: Registered Agent eigneture required by the corporation of the source of the corporation of the statutes. TE: Registered Agent eigneture required to the source of the	uired when reinstating)3	FL 32     Jrpose of changing it t the appointment as     DATE ERS AND DIRECTOF     Change     Change     Change	Constant of the second se
E       VD       DELETE       5.1 TITLE       Change       Addition         HE       BRYANT, JULIA B.       5.2 NAME       5.3 STREET ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS         4401 LAKESIDE DR #202       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         FE       DELETE       6.1 TITLE       Change       Addition         KE       DELETE       6.1 TITLE       Change       Addition         KE       6.3 STREET ADDRESS       6.3 STREET ADDRESS       Addition         1 DELETE       6.1 TITLE       Change       Addition         KE       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       Change       Addition         1 do hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the       Intervention stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	SNATURE _ E E E E E E E E E E E E E E E E E E	Signature, typed of printed named of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A.	red agent and title if appl IS AND DIRECTOF	ICADIO. (NO NS DELETE	TE: Registered Agent eigneture required by the corporation of the source of the corporation of the statutes. TE: Registered Agent eigneture required to the source of the	uired when reinstating)3	FL 32     Jrpose of changing it t the appointment as     DATE ERS AND DIRECTOF     Change     Change     Change	Constant of the second se
EEET ADDRESS       4401 LAKESIDE DR #202       5.3 STREET ADDRESS         JACKSONVILLE FL       5.4 CITY-SI-ZIP         E       DELETE       6.1 TITLE         AE       Change       Addition         AE       6.2 NAME       6.3 STREET ADDRESS         (-SI-ZIP)       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP         I do 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	SNATURE _ E E E E E E E E E E E E E E E E E E	Signature, typed or printed named of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST L	red agent and title if appl IS AND DIRECTOF	ICADIO. (NO NS DELETE	Tes, the above-named con authorized by the corpora lorida Statutes. TE: Registered Acent eigneture requires 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinstating)3	FL 32     Jrpose of changing it t the appointment as     DATE ERS AND DIRECTOF     Change     Change     Change	Constant of the second se
- ST-ZIP JACKSONVILLE FL 5.4 CITY-ST-ZIP E DELETE 6.1 TITLE Change Addition E Addition E Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP I do hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	NATURE _ E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature, typed or printed named of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MF 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST I JACKSONVILLE FL	red agent and title if appl IS AND DIRECTOF	ICADIO. (NO NS DELETE DELETE DELETE DELETE	Te: Registered Apent eigneture requires in the above-named contauthorized by the corporation of the statutes. TE: Registered Apent eigneture requires a structure of the statutes of the structure of the structu	uired when reinstating)3	FL	Addition     Addition
E Change Addition E Addition E Addition E Addition E Addition E Addition Change Change Addition Change Addition Change Addition Change Addition Change Change Addition Change	NATURE _ E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature, typed of printed named of register OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MF 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST I JACKSONVILLE FL VD BRYANT, JULIA B.	red agent and tale if applies AND DIRECTOR	ICADIO. (NO NS DELETE DELETE DELETE DELETE	Ites, the above-named con authorized by the corpora lorida Statutes. TE: Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)3	FL	Addition     Addition
ET ADDRESS -ST-ZIP I do hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	NATURE _ E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature, typed of printed name of registe OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST I JACKSONVILLE FL VD BRYANT, JULIA B. 4401 LAKESIDE DR #202	red agent and tale if applies AND DIRECTOR	ICADIO. (NO NS DELETE DELETE DELETE DELETE	tes, the above-named con authorized by the corport lorida Statutes. TE: Registered Agent eignature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinstating)3	FL	Addition     Addition
Y-ST-ZIP 64 CITY-ST-ZIP I do 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	SINATURE _ E AE EET ADORESS Y-ST-ZIP E AE EET ADORESS Y-ST-ZIP E AE EET ADORESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	Signature, typed of printed name of registe OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST I JACKSONVILLE FL VD BRYANT, JULIA B. 4401 LAKESIDE DR #202	red agent and tale if applies AND DIRECTOR	ICADIO. (NO IS DELETE DELETE DELETE DELETE DELETE	tes, the above-named con authorized by the corport lorida Statutes. TE: Registered Agent eignature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP	uired when reinstating)3	FL     Image       urpose of changing it       the appointment as       DATE       ERS AND DIRECTOR       Change       Change       Change       Change       Change       Change       Change       Change	
. I do 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	SNATURE _ E E E E E E E E E E E E E	Signature, typed of printed name of registe OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST I JACKSONVILLE FL VD BRYANT, JULIA B. 4401 LAKESIDE DR #202	red agent and tale if applies AND DIRECTOR	ICADIO. (NO IS DELETE DELETE DELETE DELETE DELETE	tes, the above-named co authorized by the corpora lorida Statutes. TE: Registered Agent eignature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinstating)3	FL     Image       urpose of changing it       the appointment as       DATE       ERS AND DIRECTOR       Change       Change       Change       Change       Change       Change       Change       Change	
	SINATURE _ .E .E .E .E .E .E .E .E .E .E .E .E .E	Signature, typed of printed name of registe OFFICER PD BRYANT, FARRIS 4401 LAKESIDE DR #202 JACKSONVILLE FL VD RUFFIN, DR. WM C.,JR. 2601 N.W. 7TH RD. GAINESVILLE FL STD PRITCHETT, ANETTE, MR 5000 SAN JOSE BLVD. JACKSONVILLE FL VD BRYANT, CECILIA A. 3337 ORTEGA FOREST I JACKSONVILLE FL VD BRYANT, JULIA B. 4401 LAKESIDE DR #202	red agent and tale if applies AND DIRECTOR	ICADIO. (NO IS DELETE DELETE DELETE DELETE DELETE	Te: Registered Agent eigneture requires, the above-named contauthorized by the corporation of the above named contauthorized by the corporation of the above name of the abov	uired when reinstating)3	FL     Image       urpose of changing it       the appointment as       DATE       ERS AND DIRECTOR       Change       Change       Change       Change       Change       Change       Change       Change	