

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

40000

[illegible]

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2002413	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

PETZEL, R J  
8434 BARCELONA AVE  
ORANGE PARK, FL 32073

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETZEL, R.J.	
STREET ADDRESS	8434 BARCELONA AVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

TITLE	DT	<input type="checkbox"/> Delete
NAME	PETZEL, IONE J	
STREET ADDRESS	8434 BARCELONA AVE	
CITY - ST - ZIP	ORANGE PARK, FL 32073	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, FRED	
STREET ADDRESS	3726 GRANDY AVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHELTON, GLEN	
STREET ADDRESS	2424 PEACH DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32246	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	SD \$	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Stephen A. Povanda IV		
STREET ADDRESS	714 Bonaparte Drive		
CITY - ST - ZIP	Jacksonville, FL 32218		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 617, 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: Jane J. Petzel Jane J. Petzel

4-16-07 904-264-9553