FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748930 (5)

1. Corporation Name
CARL S. SWISHER FOUNDATION INC.

Principal Place of Business
1301 RIVERPLACE BLVD.
SUITE 2540
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD.
SUITE 2540
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1979
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-0998262 — Applied For ☐ Not Applicable ☐

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MIDDLEBROOKS, E.A.
4723 PRINCE EDWARD ROAD
P.O. BOX 14790
JACKSONVILLE FL

10. Name and Address of New Registered Agent
81 Name: Kenneth G. Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Boulevard
83: Suite 2540
84 City: Jacksonville FL 85 Zip Code: 32207

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: Kenneth G. Anderson — 3/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COULTER, GEORGE S.	1.2 NAME	
STREET ADDRESS	4652 ORTEGA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HAROLD W.	2.2 NAME	
STREET ADDRESS	5175 CHARLEMAGNE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☒ Change ☐ Addition
NAME	~~MIDDLEBROOKS, EUGENE A.~~	3.2 NAME	
STREET ADDRESS	~~4723 PRINCE EDWARD ROAD~~ Deceased	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	
TITLE	DVP , S, T	4.1 TITLE	DVPST ☒ Change ☐ Addition
NAME	ANDERSON, KENNETH G.	4.2 NAME	Anderson, Kenneth G.
STREET ADDRESS	2951 FRONT RD	4.3 STREET ADDRESS	2951 Front Road
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth G. Anderson — 3/20/95 — (904) 399-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kenneth G. Anderson,

0001481