FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -6 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F56620 (0)

1. Corporation Name
GEORGE A. CARLSON, WRITER, INC.

Principal Place of Business
3664 RIVERSIDE AVENUE
JACKSONVILLE FL 32205-9054

Mailing Address
3664 RIVERSIDE AVENUE
JACKSONVILLE FL 32205-9054

3. Date Incorporated or Qualified: 12/01/1981
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2142317 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
CARLSON, GEORGE A.
3664 RIVERSIDE AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [signature] George A. Carlson Mar 1, 1995
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	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, GEORGE A	1 2 NAME	
STREET ADDRESS	3664 RIVERSIDE AVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	
TITLE	DV	2 1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, MARY ANNE	2 2 NAME	
STREET ADDRESS	270 NORFOLK ST. #4	2 3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02139	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, CHRIS	3 2 NAME	
STREET ADDRESS	~~130 NORTH 74TH STREET~~ 2525 N.E. 37th Ave	3 3 STREET ADDRESS	
CITY-ST-ZIP	~~SEATTLE WA~~ Portland Oregon 97212	3 4 CITY-ST-ZIP	
TITLE	DV	4 1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, GEORGE JR.	4 2 NAME	
STREET ADDRESS	224 SUN LOOP LANE	4 3 STREET ADDRESS	
CITY-ST-ZIP	GREAT FALLS MT 59404	4 4 CITY-ST-ZIP	
TITLE	DC	5 1 TITLE	☐ Change ☐ Addition
NAME	DELANEY, RACHELLE H	5 2 NAME	
STREET ADDRESS	3664 RIVERSIDE AVE	5 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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)(i), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] George A. Carlson March 1, 1995 908 889-7639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0022981 CP