## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 12, 2008 8:00 am **Secretary of State** DOCUMENT # F68614 02-12-2008 90015 017 \*\*\*150 00 1. Entity Name PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 40023310 245 RIVERSIDE AVE **245 RIVERSIDE AVE STE 400 STE 400** JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01222008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2160992 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAPPAS, M. LYNN Street Address (P.O. Box Number is Not Acceptable) 245 RIVERSIDE AVENUE SUITE 400 JACKSONVILLE, FL 32202-4327 City 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change Addition John G Metcalf NAME **GREENHUT, STEVEN B** NAME 245 Riverside Ave, Suite 400 STREET ADDRESS 245 RIVERSIDE AVE, SUITE 400 STREET ADDRESS Jacksonville, FL 32202 CITY-ST-7IP JACKSONVILLE, FL 32202 CITY-SI-7E V D MILE ☐ Delete TITL F [25] Change ☐ Addition JENKS, THOMAS M. M. Lynn Pappas NAME NAME 245 RIVERSIDE AVE. SUITE 400 245 Riverside Ave, Suite 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF JACKSONVILLE, FL 32202 CITY-ST-ZIP Jacksonville, FL 32202 TITLE ☐ Delete TITLE Change ■ Addition TJOFLAT, MARCIA PARKER NAME Thomas M. Jenks NAME 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS STREET ADDRESS 245 Riverside Ave, Suite 400 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP Jacksonville, FL 32202 TITLE ☐ Delete TITLE Change ☐ Addition NAME MILLER, FRANK E Frank E. Miller NAME 245 Riverside Ave. Suite 400 STREET ADDRESS 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP Jacksonville, FL 32202 TITLE ☐ Delete TITLE X Change ☐ Addition PAPPAS, M LYNN Robert A. Leapley, Jr. NAME NAME STREET ADDRESS 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS 245 Riverside Ave, Suite 400 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-7IP Jacksonville, FL 32202 TITLE ☐ Delete TITLE Change ☐ Addition Marcia Parker Tjoflat NAME LEAPLEY, ROBERT A JR. NAME 245 Riverside Ave, Suite 400 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 Jacksonville, FL 32202 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ATTACHMENT**

DOCUMENT # F68614  1. Entity Name PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSOCIATION												
Principal Place of Business Mailing Address					· ·							
245 RIVERSI STE 400	DE AVE		245 RIVERSIDE AVE STE 400									
JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 3220							· i	- 10	Oir			
2. Principal P	3. Mailing Address				40	1023	311	)				
							1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01222008	Chg-P	CR2E0	34 (12/06)		
City & State			City & State				4. FEI Numb			_ <del> </del>	plied For t Applicable	
Zip	Country		Zip	Country	'			of Status Desired		\$8.75 Add	litional	
6. Name and Address of Current R			Registered Agent	gistered Agent			7. Name and Address of New Registered Agent					
										<b>3</b>		
PAPPAS, M. LYNN 245 RIVERSIDE AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 400 JACKSONVILLE, FL 32202-4327								·		-		
		V		<del> </del>	City				FL	Zip Code		
The above named entity submits this statement for the purpose of changing its registers						registere	ed agent, or bo	th, in the State of Flo	<b>-</b>	amiliar with,	and accept	
the obligations of registered agent.												
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registrated Agent signature required when reinstating)  DATE												
		FEE IS \$150.00 3 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		ng 🗀		00 May Be ed to Fees					
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11	
TITLE	D		☐ Defete	TITLE		Steve	n B. Gree	nhut		Change	☐ Addition	
NAME Street address	l	UT, STEVEN B RSIDE AVE, SUITE 400		name Street a	-	245 Diverside Ave Cuite 400						
CITY-ST-ZIP		IVILLE, FL 32202	<u>-</u>	CITY-ST-		Jacks	onville,	FL 32202				
TITLE NAME	S JENKS TI	HOMAS M.	☐ Delete	TITLE NAME	ſ	V <b>D</b> G та	odd Cottr	i 1 1		☐ Change	Addition	
STREET ADDRESS	,	RSIDE AVE. SUITE 400		STREET A				Ave, Suite	400			
CITY-ST-ZIP		IVILLE, FL 32202		CITY-ST			sonville,	FL 32202				
TITLE NAME	V TJOFLAT,	MARCIA PARKER	☐ Delete	TITLE	- 1	V <b>O</b> Thoma	ıs O. Ingi	am		☐ Change	★ Addition	
STREET ADDRESS	245 RIVERSIDE AVE. SUITE 400				ADDRESS 2	245 R	liverside	Ave, Suite	400			
CITY-SI-ZIP		IVILLE, FL 32202		CITY-ST-		Jacks V <b>D</b>	onville,	FL 32202				
TITLE Name	T MILLER, F	FRANK E	☐ Delete	TITLE NAME	j.		yn F. Wh:	ittington		☐ Change	Addition     ✓	
STREET ADDRESS		RSIDE AVE. SUITE 400		STREET A				Ave, Suite	400			
CITY-ST-ZIP	JACKSON	IVILLE, FL 32202	☐ Delete	CITY-ST-		Jacks V <b>D</b>	sonville,	FL 32202		☐ Change	N sadilisa	
NAME	PAPPAS,	M LYNN	L Delete	NAME		-	cer N. Cu	mmings			Addition	
STREET ADDRESS CITY-ST-ZIP		RSIDE AVE. SUITE 400 IVILLE, FL 32202		STREET A				Ave, Suite	400		1	
TITLE	V	IVILLE, FL 32202	☐ Delete	TITLE		Jacks V <b>P</b>	sonville,	FL 32202		☐ Change	<b>⊠</b> Addition	
NAME OTDEST ADDRESS		ROBERT A JR.		NAME	I _		ieng Will		400			
STREET ADORESS CITY-ST-ZIP	245 RIVERSIDE AVE. SUITE 400 STREI JACKSONVILLE, FL 32202 CITY-						onville,	Ave, Suite FL 32202	400			
12. I hereby o	ertify that the	information supplied with	this filing does not qualify for	the exemp	ptions cor	ntained	in Chapter 119	, Florida Statutes. I	further certi	fy that the in	formation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: 253-1990												
SIGNAT	UKË: _	SIGNATURE AND TYPED OR PE	UNITED NAME OF SIGNING OFFICER O	R DIRECTOR			1/3	Oate		ytme Phone #		