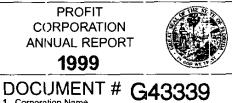
1999

1. Corporation Name



WILLIS ENTERPRISES OF JACKSONVILLE, INC.

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-27-1999 90197 016 ***150.00

 orn and i Hill	

Principal Place	e of Business	Mailing Address				1	1 FBB1114 BM11 BF80B (4100 14160 44	/1 .0 (8) (0) (8)(AIDEL GIDII BIBLI G	
256 ARLINGTOI JACKSONVILLE US		256 ARLINGTON RD N. JACKSONVILLE FL 32211 US					DO NOT WRI	TE IN TH S	S SPACE	
							Date Incorporated or Qualifed 06/08/1983			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Nu nber		Aρ	pied For
21		26					<u>59-2300931</u>			t Applicable
Suite, Ar t.	#, etc	Suite, Apt. #, etc.	-			_{5.}	Certificate of Status Desired		\$8.75 <i>A</i>	
22		27		_		1			Fee Re	
City & Stat	e 	City & State		_		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Cou	intry		8.	This co poration owes the curr	ent year In		/
24	25	_ _	30			ل	Personal Property Tax.			[]1/0
	9. Name and Address of Current	t Registered Agent		81 N		10.	Name and Address of New F	legistered	Agent	
WILL	JS, KENNETH			ויס ו	ame					
	ARLINGTON RD			82 S	treet Addre	ess (P	P.O. Box Number is Not Accepta	ible)		
	KSONVILLE FL 32211			83						
2, 1, 3,								_		
				84 C	ity			F	85 Zip (Code
44 Dumun	to the provisions of Sections 607.0502	2 and 607 1509 Florida Statuta	n the a	hove pa	med coroc	ration	a submits this statement for the			registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was a ri	thorized	f by the	corporation	n's bo	pard of directors. I hereby accept	t the appo	intment as re	gis tered
agent. I a	m familiar with, and accept the obligat	icns of, Section 607.0505, Float	da Stati	utes.						
SIGNATURE	Signature, typed or printed narr e of registered agent	t and title if applicable (NOTE (Registered	Agent sign	nature requir ad	when re	einstating)	DATE)
12.	OFFICERS AN		13.				ADDITIO VS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 Tr	TLE					☐ Change	☐ Addition
NAME	WILLIS, NORMAN L.		1.2 NA	AME						-
STREET ADDRES	256 ARLINGTON RD N		1.3 ST	REET ADD	RESS					ļ
CITY-\$T-ZIP	JACKSONVILLE FL		1.4 01	TY-ST-ZIP	,					
TITLE	ST	☐ DELETE	2.1 TI	TLE					Change	☐ Addition
NAME	-WILLIS, JOYCE		2.2 N	AME	1					
STREET ADDRESS	256 ARLINGTON RD N		23 \$1	REET ADD	RESS					
CITY-ST-ZIP	JACKSONVILLE FL		2.4 Ç	ITY-ST-ZIF	P					
TITLE	VP	☐ DELETE	3 1 TI	TLE	ĺ				Change	Addition
NAME	WILLIS, KENNETH		3.2 NA	ME						
STREET ADDRESS	256 ARLINGTON RD N		3.3 \$1	TREET ADD	DRESS					
CITY-ST-ZIP	JACKSONVILLE FL		34 C	ITY-ST-ZIF	P					
TITLE		☐ DELETE	4.1 TI	ΓE					Change	Addition
NAME			4 2 N	AME						
STREET ADDRESS			43 \$1	REET ADD	RESS					ĺ
CITY-ST-ZIP			_	TY-ST-ZIP	<u>`</u>					
TITLE		☐ DELETE	5.1 TI						Change	Addition
NAME			5.2 NA		20500					}
STREET ADDRESS				REET ADD						
CITY-ST-ZIP		T DELETE	5.4 Ci	TY-ST-ZIP	 -				Change	Addition
TITLE		☐ DELETE							Change	17 vaginou
NAME			6.2 NA							
STREET ADDRESS			6.3 \$1	TREET ADD	JKESS					ì

14. I 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 information indicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE: