FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G64854

1. Corporation Name
WESNIC SERVICES, INC.

Principal Place of Business
6000 Bowdendale Ave.
Jacksonville, FL
32216

Mailing Address
P.O. Box 5927
Jacksonville, FL
32207

3. Date Incorporated or Qualified: October 12, 1983
3a. Date of Last Report: 1/26/96

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2345385 — 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

9. Name and Address of Current Registered Agent
ROBISON, MARY A.
2600 Independent Square
Jacksonville, FL 32202

10. Name and Address of New Registered Agent
81 Name: MARY A. ROBISON
82 Street Address (P.O. Box Number is Not Acceptable): 1 Independent Drive, Suite 2600
83
84 City: Jacksonville, FL — 85 Zip Code: 32202

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: Mary A. Robison — 15 April 1996
Signature (typed or printed) of registered agent and title if applicable — (NOTE: Registered Agent's Signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	HINES, ROBERT D.	
STREET ADDRESS	6000 Bowdendale Ave.	
CITY, ST, ZIP	Jacksonville, FL 32216	
TITLE	VP	☒ DELETE
NAME	CARROLL, MARK T.	
STREET ADDRESS	6000 Bowdendale Ave.	
CITY, ST, ZIP	Jacksonville, FL 32216	
TITLE	S	☐ DELETE
NAME	HINES, VICKI L.	
STREET ADDRESS	6000 Bowdendale Ave.	
CITY, ST, ZIP	Jacksonville, FL 32216	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	SMITHWICK, BRENDA J.	
2.3 STREET ADDRESS	6000 Bowdendale Ave.	
2.4 CITY, ST, ZIP	Jacksonville, FL 32216	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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

SIGNATURE: Robert D. Hines, Pres. — (904)733-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-22-96