2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90114 038 ***150.00

DOCUMENT # H08407

1. Entity Name

J. E. MENEFEE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7931 HUNTERS GROVE ROAD JACKSONVILLE FL 32256	7931 HUNTERS GROVE ROAD JACKSONVILLE FL 32082-3908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
124 LAUREL LN.	124 LAUREL LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH, FL	City & State: PONTE VEDRA BEACH, FL
Zip: 32082 Country:	Zip: 32082 Country:

4. FEI Number 59-2462369 – ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLEDSOE, JAMES A., JR. 2501 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable): SUITE 1818, RIVERPLACE TOWER 1301 RIVERPLACE BLVD City: JACKSONVILLE FL Zip Code: 32207

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDCV MENEFEE, JAMES E. 7931 HUNTER'S GROVE RD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 124 LAUREL LN. PONTE VEDRA BEACH, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTS MENEFEE, ELEANOR M. 7931 HUNTER'S GROVE RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS ☑ Change ☐ Addition 124 LAUREL LN. PONTE VEDRA BEACH, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☐ Change ☑ Addition FRANCIS H. BARKER 149 TWELVE OAKS LN. PONTE VEDRA BEACH, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. MENEFEE JAMES E. MENEFEE 4-19-00 904-543-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #