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

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DOCUMENT # H08407

J. E. MENEFEE ASSOCIATES, INC.

Principal Place	of Business
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Mailing Address

7931 HUNTERS GROVE ROAD JACKSONVILLE FL 32256

7931 HUNTERS GROVE ROAD JACKSONVILLE FL 32082-3908

			r				-				
2. Principal Place of Business 3.			1. Mailing Address [24 LAUREL Ly.			Ì					
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e .		City & State			4. F	El Number 59-246236		Ap	plied For	
			PONTE VEDEA	NIE VEDRA BEACH, FL				y –		t Applicable	
			Zip Cour 32082		ntry		ertificate of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current F	legistered Agent			7. N	ame and Address of New	Registered	Agent		
BLEDSOE, JAMES A., JR. 2501 INDEPENDENT SQUARE JACKSONVILLE FL 32202				3	Sireet Address (P.O. Box Number is Not Acceptable) SUTE 1818, KIVER PLACE TOWER 1301 FLVERPLACE BLVD City TAOCSONVILLE FL Zip Code						
8. The above	named entit	y submits this statement for	the purpose of changing its					lorida.			
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered A	\gent signatur	e required when rei	nstating)	DATE			
Tax filing r	_	ible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 200 Make Check Payab	00 Fee w	/ill be \$55	50.00	10. Election Campaign F Trust Fund Contributi			May Be to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OF	FICERS AN	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, James E. Iter's grove RD. VILLE FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS (T-ZIP	124LA PONTE	VRELLA. VEDRA BEAU	CH, FL	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS MENEFEE	, ELEANOR M. ITER'S GROVE RD	□ Delete	TITLE NAME STREET CITY-S	ADDRESS	1244	FUREL LA.		Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	3.01001		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	FRANK 149Ti	CIS H. BARK NEL VE OKKS EVEDER BEAC	EF Lx.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET	ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		<u> </u>		Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADDRESS	·			☐ Change	☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE: TAMES & MENTER YOUNG OFFICER OR DIRECTOR

904-543-1139