SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H28097** **(4)**

1. Corporation Name
FIVE EMERALDS INVESTMENT, INC.

Principal Place of Business	Mailing Address
2727 SANDUSKY AVE. E P.O. BOX 2613 (32203) JACKSONVILLE FL 32216	2727 SANDUSKY AVE. E P.O. BOX 2613 (32203) JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2468451 ☐ 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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, WARREN L. 9811 RIDGE BLVD EET JACKSONVILLE FL 32208	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 Warren L. Thomas
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, LARRY L	1 2 NAME	
STREET ADDRESS	W. 25TH STREET	1 3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1 4 CITY, ST, ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	MORELAND, ROOSEVELT	2 2 NAME	
STREET ADDRESS	1932 JONES ST.	2 3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2 4 CITY, ST, ZIP	
TITLE	S	3 1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, WARREN L.	3 2 NAME	
STREET ADDRESS	9811 RIDGE BLVD.	3 3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3 4 CITY, ST, ZIP	
TITLE	T	4 1 TITLE	☐ Change ☐ Addition
NAME	KING, JAMES O.	4 2 NAME	
STREET ADDRESS	1460 W. 21ST ST.	4 3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4 4 CITY, ST, ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	SMITH, LORENZO	5 2 NAME	
STREET ADDRESS	2727 SANDUSKY AVE. E.	5 3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		6 4 CITY, ST, ZIP	

CR2E034 (3/95)

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)(i), 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: Lorenzo Smith Lorenzo Smith 6-23-95 904-737-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0003187 CP