SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H45685** **(5)**

1. Corporation Name
GREENBRIER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	C/O WILLIAM C. MASON 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207
c/o William C. Mason	c/o William C. Mason
2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd.
Suite, Apt #, etc 22 Suite 1700	Suite, Apt #, etc 27 Suite 1700
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207 / Country 25 USA	Zip 29 32207 / Country 30 USA

3. Date Incorporated or Qualified: 03/06/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2555327 — 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
SMITH HULSEY & BUSEY
225 WATER ST.
1800 FIRST UNION NATIONAL BANK TOWER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1700
84 City: Jacksonville FL 85 Zip Code: 32207

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: Harvey Granger — Signature (typed or printed name of registered agent and title, if applicable) — Harvey Granger (NOTE: Registered Agent signature required when initial filing) — DATE: 7-29-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	MASON, WILLIAM C.	1.2 NAME	Mason, William C.
STREET ADDRESS	800 PRUDENTIAL DR.	1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROWE,ROBERT L.,JR.	2.2 NAME	
STREET ADDRESS	9471 BAYMDWS RD, STE 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	3.1 TITLE	V/T ☒ Change ☐ Addition
NAME	THOMPSON, CAROL C.	3.2 NAME	Thompson, Carol C.
STREET ADDRESS	800 PRUDENTIAL DR	3.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	S ☐ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	GRANGER, HARVEY	4.2 NAME	Granger, Harvey
STREET ADDRESS	800 PRUDENTIAL DR	4.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	AST ☐ DELETE	5.1 TITLE	AS/AT ☒ Change ☐ Addition
NAME	JACKSON, REBECCA B.	5.2 NAME	Jackson, Rebecca B.
STREET ADDRESS	800 PRUDENTIAL DR	5.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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

SIGNATURE: Rebecca B. Jackson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Rebecca B. Jackson — Title — 7-29-96 — Date — 904/202-4001 — Daytime Phone #

0002715 CP