

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 008 ***150.00

40010369



01092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-6614702 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIVITA, CHARLES III 225 WATER STREET, SUITE 1400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCHNER, KENNETH M 300A WHAFSIDE WAY JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE,, ROBERT E JR 1000 RIVERSIDE AVENUE, 8TH FLOOR JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BYERS, JOHN R 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP SICILIAN, LOUIS V 1000 RIVERSIDE AVENUE, 8TH FLOOR JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ROMINGER, ELIZABETH 1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Graham, T. Malcolm 225 Water Street, Suite 1400 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Parks

1/23/08

904-360-3605

Daytime Phone #

ATTACHMENT # 40010369
CONTINUATION OF
NUMBER 10 and 11
48115

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	VP Scheriff, Frederick 600 North Pine Island Rd., Ste. 250 Plantation, Florida 33324		
Title Name St. Address City-ST-Zip	VP Driscoll, Kurt F. 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Rapp, Clifford 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP <input checked="" type="checkbox"/> Delete Bishop, James 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	VP <input checked="" type="checkbox"/> Addition Nykamp, Angela 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204
Title Name St. Address City-ST-Zip	VP Archer, Laura 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Bedford, John 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Adams, Melanie 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	AS Lanfri, Carol 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	AS Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202		