

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91626 028 ***550.00

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[illegible]DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2715840	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____ _____	
City _____ FL Zip Code _____	

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. <i>(Signature of Registered Agent)</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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12.	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	VP Sutton, Mike 10439 Alta Drive Jacksonville FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Laura Hinson 10439 Alta Drive Jacksonville FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer J. Richard Baker, Jr. 10439 Alta Drive Jacksonville FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XX
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

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: *[Signature]* **SIGNATURE REQUIRED** 5/9/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)