FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # J42319 (0)

1. Corporation Name

THE BUSBY COMPANY, INC.

Principal Place of Business

543 DELLWOOD AVENUE
PO BOX 40128
JACKSONVILLE FL 32204

Mailing Address

543 DELLWOOD AVENUE
PO BOX 40128
JACKSONVILLE FL 32204

2. Principal Place of Business
21 THE BUSBY COMPANY, INC.
Suite, Apt. #, etc.
22 543 DELLWOOD AVENUE
City & State
23 JACKSONVILLE, FL 32204
Zip 24
Country 25

2a. Mailing Address
26 THE BUSBY COMPANY, INC.
Suite, Apt. #, etc.
27 P.O. BOX 40128
City & State
28 JACKSONVILLE, FL 32203-0128
Zip 29
Country 30

3. Date Incorporated or Qualified: 11/17/1986

3a. Date of Last Report: 04/21/1995

4. FEI Number: 59-2737949 ☐ 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

BUSBY, ELMO B. JR.
13237 YELLOW BLUFF ROAD
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name: BUSBY, ELMO B. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1809 WILLOW BRANCH TERRACE, APT# 4
83
84 City: JACKSONVILLE FL
85 Zip Code: 32205

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 *Elmo B. Busby, Jr., PRESIDENT* 06-14-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BUSBY, ELMO B. JR.	
STREET ADDRESS	13237 YELLOW BLUFF ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	BUSBY, ELMO B. JR.	
1.3 STREET ADDRESS	1809 WILLOW TERRACE, APT# 4	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: *Elmo B. Busby, Jr., PRESIDENT* 06/14/96 (904) 353-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #