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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46274

1. Corporation Name
MERIEL MILAM INVESTMENT COMPANY, INC.

Principal Place of Business	Mailing Address
227 S. CALHOUN STREET TALLAHASSEE FL 32301	227 S. CALHOUN STREET TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1986

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

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

4. FEI Number: 59-2743040 ☐ 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HULL, DAVID J.
227 S. CALHOUN STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name: Patricia M. Sams
82 Street Address (P.O. Box Number is Not Acceptable): 2220 Riverside Avenue
83
84 City: Jacksonville, FL 85 Zip Code: 32202

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: X Patricia M Sams DATE: 4-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	HORNE, JIM		1.2 NAME	Patricia M. Sams	
STREET ADDRESS	2301 PARK AVENUE, STE. 402		1.3 STREET ADDRESS	2220 Riverside Avenue	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	☒ DELETE	2.1 TITLE	T/D	☐ Change ☒ Addition
NAME	HULL, DAVID J		2.2 NAME	Diane Joy Milam Dennis	
STREET ADDRESS	227 S. CALHOUN STREET		2.3 STREET ADDRESS	501 Ponte Vedra Boulevard	
CITY-ST-ZIP	TALLAHASSEE FL 32302		2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME			3.2 NAME	Lorenzo W. Milam	
STREET ADDRESS			3.3 STREET ADDRESS	3612 Eugene Place	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	San Diego, CA 92116	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Patricia M Sams (REQ) 1-26-99 904-387-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #