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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

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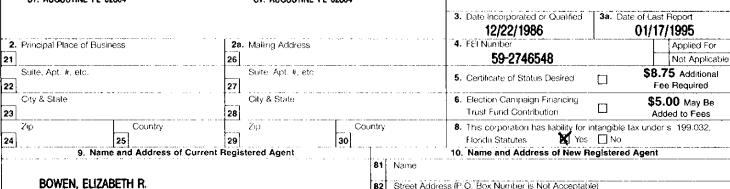
| ANCIENT | | INIC |
|---------|------------|-------|
| ANCIEN | t mariner, | IIIO. |

107 ST. GEORGE ST. ST. AUGUSTINE FL 32084

Principal Place of Business

Mailing Address

107 ST. GEORGE ST. ST. AUGUSTINE FL 32084



BOWEN, ELIZABETH R. 181 CREEKSIDE DR. ST. AUGUSTINE FL 32086

| | 10. Name and Address of New Registered Agent | | | | |
|----|--|----------------|--|--|--|
| 81 | Name | | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 83 | | | | | |
| 84 | City | Fi 85 Zip Code | | | |

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.

CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE THEE 1 1 TITLE ☐ Change BOWEN, JERRY A. 1.2 NAME NAME 181 CREEKSIDE DR. STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 1.4 C-1Y - \$1 - ZIP 017 Y - \$7 - 719 □ DELETE Change Addition TITLE 2.1 Table DV BOWEN, ELIZABETH R. 2.2 NAME NAME STREET ADDRESS 181 CREEKSIDE DR. 2.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 2.4 CITY - S* - ZiP DELETE Change Addition THE 3 1 117LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY - \$1 - 7IP DELETE Change TILLE 4 1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Cilly - \$1 - 216 DELETE THLE 5 1 1111 E Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City St-ZiP CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS. 6.4 CHY - S1 - ZIP CHY-ST ZIP

14. Too 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 early 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 A1 in changed, or on an attachment with an address.

SIGNATURE:

PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/50

904-824-7794

Daytme Phone #