**FILED**  FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) JOLICO INVESTMENTS, INC. Principal Place of Business Mailing Address 1400 VILLAGE SQUARE BLVD 1400 VILLAGE SOAURE BLVD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1987 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For SAME AS ABOVE 59-2812320 JAME AS ABOOK Not Applicable Suite, Apl #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ARNOLD, JOE REX Name Street Address (P.O. Box Number is Not Acceptable 3951 RUNNYMEADE ROAD 82 TALLAHASSEE FL 32308 83 City Zip Code 65 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 familial with, and accept the obtgations of, Section 607 0505, Florida Statutes. 4-25.98 SIGNATURE X Deta lmued Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change \_\_\_ Addition ARNOLD, JOE REX NAME 1.2 NAME 3951 RUNNYMEADE ROAD 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP City-St-ZIP DST DELETE TITLE 2.1 TITLE Change Addition ARNOLD, LORA ELIZABETH C NAME 2.2 NAME 3951 RUNNYMEADE ROAD SAME STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-7IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME

6.3 STREET ADDRESS

4-25 48

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.

STREET ADDRESS

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