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

CR2E034 (12/95)

DOCUMENT # K05075 (2)

1. Corporation Name

LEVY WADE, INC.

Principal Place of Business	Mailing Address
569 EDGE WOOD AVENUE, SOUTH JACKSONVILLE FL 32205	569 EDGE WOOD AVENUE, SOUTH JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: 12/04/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2858684 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

SEFTON, JOHN T.
200 W. FORSYTH ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCARTHUR, D.W.		1.2 NAME	
STREET ADDRESS	4835 ARAPHOE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition D
NAME	MCARTHUR, DONALD W., III		2.2 NAME	MC ARTHUR, DONALD W III
STREET ADDRESS	5081 ORTEGA FOREST DR		2.3 STREET ADDRESS	4835 ARAPHOE AVE
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FLA 32210
TITLE	PD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition PD
NAME	MCARTHUR, W.A.		3.2 NAME	MC ARTHUR, W A.
STREET ADDRESS	1820 SHADOWLAWN ST		3.3 STREET ADDRESS	569 EDGEWOOD AVE SOUTH
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FLA 32205
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, S.D.		4.2 NAME	
STREET ADDRESS	526 NIGHTINGALE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SEFTON, JOHN		5.2 NAME	
STREET ADDRESS	200 W. FORSYTH STREET'		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		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	

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: [signature] 4-16-96 904 388 3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W. A. MC ARTHUR, PRESIDENT