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 # K06279 (9)

1. Corporation Name

INVICTUS INCORPORATED OF PONTE VEDRA

Principal Place of Business	Mailing Address
480 SOUTH EDGEWOOD AVENUE JACKSONVILLE FL 32205-3775 US	P.O. BOX 6746 JACKSONVILLE FL 32236-6746 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1987	03/20/1995

2. Principal Place of Business	2a. Mailing Address
21	26

4. FEI Number: **59-2860513** — ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22 / 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip 24 / Country 25 / Zip 28 / Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANKLIN, BEN T., JR.
480 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

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 _____

Signature typed or printed name of registered agent and street if applicable.   (NOTE: Registered Agent signature required when reappointing)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DVP** / NAME **DOUGLAS, G. BRUCE** / STREET ADDRESS **10033 SAWGRASS DR W.#102** / CITY-ST-ZIP **PONTE VEDRA BCH FL**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DPS** / NAME **FRANKLIN, BEN T., JR.** / STREET ADDRESS **480 SOUTH EDGEWOOD AVENUE** / CITY-ST-ZIP **JACKSONVILLE FL**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(x), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben T. Franklin, Jr.

4/22/96   (904) 384-1000

CR2E034 (12/95)