## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed on an attachment with an address.

May 20 1998 8:00am **PROFIT** FLORIDA DEPARTME CORPORATION Sandra B. Mo Secretary of State ANNUAL REPORT Secretary of \$ DIVISION OF CORP RATIONS 1998 DOCUMENT # K36946 WEDGE OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 5711-09 BOWDEN ROAD 5711-09 BOWDEN ROAD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1988 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-2919133 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Zip Country ☐ No Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARTIN, RICHARD H 5711-9 BOWDEN RD. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32216 Zip Code 84 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE MARTIN, RICHARD 2E84 1.2 NAME NAME 205 LA PASADA DR CIR E. 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDERA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TIJLE TITLE 2.2 N ME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Y+ST-ZIP Change Addition DELETE TITLE 3.1 18 3.2 N NAME EET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition TITLE DELETE 4.1 NAME ET ADDRESS STREET ADDRESS 4.3 5 CITY-ST-ZIP ST - ZIP Addition Change DELETE TITLE 5.1 NAME 5.2 5.3 5 ET ADDRESS STREET ADDRESS CITY-ST-ZIP ST - ZIP 5.4 Addition Change Change DELETE TITLE 6.1 6.21 NAME 6.3 ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under cath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

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RICHORD HMA

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