FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CIGNATURE.

Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L38213 (9) DRAUGHON PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 200 W FORSYTH ST 200 W. FORSYTH STREET STE 1730 STE. 1730 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1989 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2997922 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes **₩** No 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DRAUGHON, RICHARD SCOTT 200 W. FORSYTH STREET 62 Street Address (P.O. Box Number is Not Acceptable) STE. 1730 83 JACKSONVILLE FL 32202 84 City Zip Code F 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 libe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPVP DELETE 1.1 TITLE Change Addition TITLE DPST DRAUGHON, RICHARD SCOTT 1.2 NAME 200 W. FORSYTH STREET, STE. 1730 STREET ADDRESS 1.3 STREET ADDRESS Jacksonville, Florida 32202 JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITI ‡ NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplies will indicated on this annual report or supplemental officer or director of the corporation or the recell Block 12 or Block 13 if changed, or on an attact. rd qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in his filing do

3/18/98

(904)358-3777

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