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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mc[illegible]ham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M72432** **(1)**

1. Corporation Name
OBERDECK FERNERY, INC.

Principal Place of Business	Mailing Address
3047 PLYMOUTH STREET JACKSONVILLE FL 32205	3047 PLYMOUTH STREET JACKSONVILLE FL 32205-6023

3. Date Incorporated or Qualified: 03/11/1988
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 3047 PLYMOUTH ST.	26 Suite, Apt. #, etc.: 3047 PLYMOUTH ST.
22	27
23 City & State: JACKSONVILLE, FL.	28 City & State: JACKSONVILLE, FL.
24 Zip: 32205 25 Country: DUVAL	29 Zip: 32205 30 Country: DUVAL

4. FEI Number: 59-2901581 ☐ Applied For ☑ Not Applicable

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	10. Name and Address of New Registered Agent
GRISSETT, W. E., JR. 110 BLACKSTONE BLVD. 233 EAST BAY ST. JACKSONVILLE FL 32202	81 Name: ALLEN L. POUCHER Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2314 BELLSOUTH TOWER 83 301 W. BAY STREET 84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: ~~J. Joan OBERDECK~~ Allen L Poucher Jr. DATE: 4/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OBERDECK, JOAN		1.2 NAME	
STREET ADDRESS	3047 PLYMOUTH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OBERDECK, MARTIN		2.2 NAME	
STREET ADDRESS	3047 PLYMOUTH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: ~~J. Joan OBERDECK~~ Allen L Poucher Jr. Vice President