SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mörtham 🔞 ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1997 97 AUG 20 PM 1: 47 **DOCUMENT #** (5)M79455 SELLIANT OF STATE ALLAMASSEE, FLORIDA DINSMORE ESTATES, INC. Principal Place of Business Mailing Address BARKER. IV. JAMES M. 1820 STATE RD 13 SUITE 1 BARKER. IV. JAMES M 1820 STATE RD 13 SUITE 1 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32259-9218 JACKSONVILLE FL 32259-9218 3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1988 04/16/1996. Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-2929322 Not Applicable \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TAYLOR, JAMES S. B. THOMAS WHITEFIELD THOMAS WHITEFIELD Street Addre SUITE 1600 82 200 W FORSYTH ST. JACKSONVILLE FL 32202 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes office or registered agent, or both, in the State of Florida. Such change was unagent. I am familiar with, and accept the obligations of, Section 697.0505 begins over hamed corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE BARKER, JAMES M., IV 1.2 NAME NAME 1820 STATE RD 13 STE. 1 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 5000022**73战型99-¹²/9**9 -08/21/97--01087--008 DELETE TITLE 2.1 TITLE 2.2 NAME NAME ****165.00 ****165.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP 500002273666 009 -08/21797--01087--009 DELETE 4.1 TITLE TITLE 4. 2 NAME NAME ****385.00 ****385.00 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Addition DELETE TIJLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not quality 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 comporation 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 manged, or on an attachment with an address.

CITY-ST-ZIP