FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M80923 (9)

1. Corporation Name
THE IRVING CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8800 ATLANTIC BLVD JACKSONVILLE FL 32211 US	8864 ATLANTIC BLVD JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 05/11/1988
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2887585 ☐ 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

GALEANI, JOHN
8864 ATLANTIC BLVD
JACKSONVILLE FL 32211

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 title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	DVS	☒ Change ☐ Addition
NAME	DEMOND, JEFF	1.2 NAME		
STREET ADDRESS	709 WESTCHESTER AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	GALEANI, JOHN	2.2 NAME		
STREET ADDRESS	8000 ATLANTIC BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VT	3.1 TITLE		☐ Change ☐ Addition
NAME	SPILMAN, KATHERINE	3.2 NAME		
STREET ADDRESS	8864 ATLANTIC BLVD	3.3. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE	DC	☒ Change ☐ Addition
NAME	BRESNAN, WILLIAM J.	4.2 NAME		
STREET ADDRESS	709 WESTCHESTER AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GISLASON, PAUL	5.2 NAME		
STREET ADDRESS	309 HOLLY LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MEREDITH, DONALD	6.2 NAME		
STREET ADDRESS	40 HANTEN DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN	6.4 CITY-ST-ZIP		

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)(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: [signature] KATHERINE SPILMAN VICE PRESIDENT /TREASURER 4/14/95 904-724-2144
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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