SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

7-27-95 B-7975

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88105 (5)

1. Corporation Name
SD SERVICES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6536-7 BEACH BLVD JACKSONVILLE FL 32216 US	P.O. BOX 16631 JACKSONVILLE FL 32245-6631 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21
Suite, Apt. #, etc: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-2900278 ☐ 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

DEAN, LARRY D.
2738 ANNETTE CIR.
JACKSONVILLE FI. 32216

10. Name and Address of New Registered Agent

81 Name: Roger Friedline, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 4811 Atlantic Blvd. Suite 4
83
84 City: Jax 85 FL Zip Code: 32207

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 Roger Friedline, Esq. 7/10/95
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	DP	1 1 TITLE	DP ☒ Change ☐ Addition
NAME	DEAN, LARRY D J	1 2 NAME	DEAN, LARRY D J
STREET ADDRESS	2738 ANNETTE CIR.	1 3 STREET ADDRESS	N/A
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	Jacksonville, FL
TITLE	DVS	2 1 TITLE	☐ Change ☐ Addition
NAME	DEAN, LARRY SR.	2 2 NAME	
STREET ADDRESS	4102 EVE DR. E.	2 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: L. Dean, Jr. President 7/10/95 9047251887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/95)

0127066 FP