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 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M88181** **(6)**

1. Corporate Name
TBJB, INC.

Principal Place of Business
% W.M. BRANNEN
1300 GULF LIFE DRIVE, SUITE 600
JACKSONVILLE FL 32207

Mailing Address
% W.M. BRANNEN
1300 GULF LIFE DRIVE, SUITE 600
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1300 Riverplace Blvd.
Suite Apt. #
22 Suite 610
City State
23
24 25

2a. Mailing Address
26 1300 Riverplace Blvd.
Suite Apt. #
27 Suite 610
City State
28
29 30

4. FEI Number: 59-2896384 — 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. The corporation has usually transacted business in Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BRANNEN, W.M.
1300 GULF LIFE DRIVE
SUITE 600
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address: P.O. Box Number is Not Acceptable
1300 Riverplace Blvd. Suite 610
83
84 City: FL 85 Zip Code

11. Having been duly sworn, I hereby accept the appointment as registered agent and agree to act in this capacity.

12. Officers and Directors

Title	PD
Name	TOWERS, C.D., JR.
Street Address	1300 GULF LIFE DR., #600
City State Zip	JACKSONVILLE FL
Title	VD
Name	BURPEE, A.L., JR.
Street Address	1300 GULF LIFE DR., #600
City State Zip	JACKSONVILLE FL
Title	VD
Name	JAMES, H.R., SR.
Street Address	1300 GULF LIFE DR., #600
City State Zip	JACKSONVILLE FL
Title	VSD
Name	BRANNEN, W.M.
Street Address	1300 GULF LIFE DR., #600
City State Zip	JACKSONVILLE FL

13. Additions/Changes to Officers and Directors

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on attached amendments, and is to be considered a signature.

SIGNATURE: W.M. Brannen — W.M. Brannen — 04/28/95 — 904/396-1010

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0018133 CP