FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # M95585 (9)

1. Corporation Name
MDP ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 32363 JACKSONVILLE FL 32237	P.O. BOX 32363 JACKSONVILLE FL 32237

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

3. Date Incorporated or Qualified: 08/24/1988
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-2904544 ☐ 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**

~~PARLATO, MARTIN D~~
~~1084 SECRET OAKS PLACE~~
~~JACKSONVILLE FL 32259~~

10. **Name and Address of New Registered Agent**

81 Name: RAX CO., a Florida corporation
82 Street Address (P.O. Box Number is Not Acceptable): c/o Mahoney Adams & Criser, P.A.
83 50 N. Laura St., 3400 Barnett Center
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 [signature] Ralph R. Wickersham, VP — DATE 6/10/1996
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PARLATO, MARTIN D.	
STREET ADDRESS	~~1084 SECRET OAKS PLACE~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32259~~	
TITLE	D	☒ DELETE
NAME	PARLATO, LINDA K.	
STREET ADDRESS	1084 SECRET OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	50 N. Laura #3400 Barnett Ctr	
1.3 STREET ADDRESS	~~P.O. Box 32363~~	
1.4 CITY-ST-ZIP	Jacksonville, ~~FL 32237~~ 32202	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] P — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Martin D. Parlato P

5-1-96 Date

(904)287-8080 Daytime Phone #

CR2E034 (12/95)