

**FILED**  
Jan 16, 2004 08:00 AM  
Secretary of State

Mailing Address  
4401 LAKESIDE DR #104  
JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 80-0034448		Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	PSD
NAME	NESBITT, THOMAS JR
STREET ADDRESS	4401 LAKESIDE DR., #104
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	NICHOLS, ROBERT C
STREET ADDRESS	701 FISK ST., STE 110
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	NESBITT, CATHERINE H
STREET ADDRESS	4401 LAKESIDE DR., #104
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/16/04-80042-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #. ~