2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 8:00 am Secretary of State DOCUMENT # N32109 1. Entity Name 01-28-2004 90002 008 ****70.00 THE TRAFFIC CLUB OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 1715 HODGES BLVD 1715 HODGES BLVD APT #3323 . JACKSONVILLE FL 32224 APT #3323 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address 45 A BOVE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-6152371 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, FRANCES Street Address (P.O. Box Number is Not Acceptable) 1715 HODGES BLVD. APT #3323 JACKSONVILLE FL 32224 Zip Code 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. 1-2304 FRAQUES WILLIAMS (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. MATT JUSTICE, PRES ☐ Change TITLE TITLE Addition Defete RUERETTEKPRESS WILLIAMS, FRANCES NAME NAME 1715 HODGES BLVD. APT #3323 720 SCOTIA RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP JAY FLA 32254 TITLE ☐ Change TITLE Addition KLIMP, PAUL PO BOX 26396 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TANNER; KENDRA NAME NAME 13123 PREMIUM ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition YOW, CHARLES NAME NAME 720 SCOTIA ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ALICE LIVINGSTON NAME NAME PO BOX 3005 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 904.221-5821 - AANCES Williams 1-23-04
Date Dayline Phone #

CITY-ST-7IP