SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N46080 (0)

1. Corporation Name
KAPPA BETA OF SIGMA CHI HOUSE CORPORATION

Principal Place of Business
% ROBERT B. MITCHELL
2904 ST JOHNS BLUFF RD
JACKSONVILLE FL 32246
US

Mailing Address
C/O MITCHELL. ROBERT. B
510 A1A N
PONTE VEDRA FL 32004
US

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 06/19/1995
4. FEI Number: 59-3192453 — 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

2. Principal Place of Business
21 JAMES C. LANDRY
Suite, Apt. #, etc.
22 2904 ST. JOHNS BLUFF RD
City & State
23 JACKSONVILLE, FL
Zip 24 32246 Country 25 US

2a. Mailing Address
26 C/O JAMES LANDRY
Suite, Apt. #, etc.
27 1301 RIVERPLACE BLVD
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
MOORE, TERRY A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent
81 Name: MOORE, TERRY A.
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. LAURA STREET
83 SUITE 3100
84 City: JACKSONVILLE, ~~FL~~ FL 85 Zip Code: 32201

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 8/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	MITCHELL, ROBERT B	
STREET ADDRESS	7737 WILDWOOD WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ DELETE
NAME	WALSH, MARK	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3100	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	V	☑ DELETE
NAME	GOWEN, WILLIAM G.	
STREET ADDRESS	9138 AGINCOURT LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ DELETE
NAME	LANDRY, JAMES	
STREET ADDRESS	4039 HARBOUR COVE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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	PRESIDENT	☑ Change ☐ Addition
1.2 NAME	JAMES C. LANDRY	
1.3 STREET ADDRESS	1301 RIVERPLACE BLVD #950	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
2.1 TITLE	MITCHELL, ROB	☑ Change ☐ Addition
2.2 NAME	VICE PRESIDENT	
2.3 STREET ADDRESS	7737 WILDWOOD WAY	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
3.1 TITLE	MR. KEVIN CANNON CANNON	☐ Change ☑ Addition
3.2 NAME	~~TREASURER~~ T	
3.3 STREET ADDRESS	105 CLIFTON CT #403	
3.4 CITY-ST-ZIP	PONTE VEDRA, FL 32082	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — Date: 8/1/96 — Daytime Phone #: 904 345 8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000932

CR2E037 (3/96)