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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N94000000839 (0)

1. Corporation Name

BUSINESS DEVELOPMENT CORPORATION OF NORTHEAST FL. ORIDA, INC.

Principal Place of Business	Mailing Address
9143 PHILLIPS HIGHWAY SUITE 350 JACKSONVILLE FL 32256	9143 PHILLIPS HIGHWAY SUITE 350 JACKSONVILLE FL 32256-1366

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: 04/10/1996

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

4. FEI Number: 59-3156354 ☐ 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

FERM, PATRICIA A
9143 PHILLIPS HWY
SUITE 350
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERM, PATRICIA A		1.2 NAME		
STREET ADDRESS	9143 PHILLIPS HWY #350		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOFORENKO, MEYER O.		2.2 NAME		
STREET ADDRESS	8177 OLD KINGS RD S #4		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	Sec./Director	☐ Change ☑ Addition
NAME	HUTTON, E.T. I		3.2 NAME	~~Vice Chairman~~ Myers, Vernon	
STREET ADDRESS	4190 BELFORT RD		3.3 STREET ADDRESS	350 State Road 19 North	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Palatka, FL	
TITLE	~~OB~~ →	☐ DELETE	4.1 TITLE	Vice Chairman/Director	☒ Change ☐ Addition
NAME	WALDRON, HARRY		4.2 NAME		
STREET ADDRESS	1900 CORP SQ BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	~~CHRD~~	☑ DELETE	5.1 TITLE	Chairperson/Director	☐ Change ☑ Addition
NAME	BRANAN, TOM		5.2 NAME	Barber, Ginger	
STREET ADDRESS	3852 PIRATES WAY		5.3 STREET ADDRESS	20 E. Macclenny Ave.	
CITY-ST-ZIP	YULEE FL		5.4 CITY-ST-ZIP	Macclenny, FL	
TITLE	~~VC~~	☑ DELETE	6.1 TITLE	~~Assistant Sec.~~	☐ Change ☑ Addition
NAME	TAYLOR, SAMUEL		6.2 NAME	Sperajer, Rae	
STREET ADDRESS	PO BOX 758 N/A		6.3 STREET ADDRESS	9143 Phillips Hwy, Suite 350	
CITY-ST-ZIP	PALATKA FL		6.4 CITY-ST-ZIP	Jacksonville, FL	

CR2E037 (9/96)

14. I do 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 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] 4/1/97