2002 UNIFORM BUSINESS REPORT (UBR) FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # N9800007141 1. Entity Name THE BLYLER/THOMPSON FOUNDATION, INC. 05-06-2002 90028 030 ****61.25 Principal Place of Business Mailing Address P.O. BOX 3679 P.O. BOX 3679 PONTE VEDRA BEACH FL 32004 PONTE VEDRA BEACH FL 32004 2. Principal Place of Business 3. Mailing Address #10 Little BAY HAZGOR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE COBOX 3679 2ity & State 4. FEI Number Applied For ONTE VEDRA BEALL PONTE VEDAD BEDY, FI 59-3546806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHNEIDER, MICHAEL N 5150 BELFORT ROAD **BUILDING 100** Zip Code JACKSONVILLE FL 32256 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PSD ☐ Delete TITLE Physical Address H 10 Little BAY 14 Debox POINTE VELLA & BEBCH, 32082 Physical Doddoss Change Maddition H10 Little BBY HARLOR POITE VELLA & SEDA, Fl. 32082 Change Addition NAME THOMPSON, NANCY R NAME STREET ADDRESS P.O. BOX 3679 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32004 CITY-ST-ZIP VTD TITLE 1 ☐ Delete TITLE THOMPSON, WILLIAM B NAME : STREET ADDRESS P.O. BOX 3679 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32004 CITY-ST-ZIP Delete -Physical (24 01 01) Change Addition TITLE #10 GOL BBY HOUSE WILLEY, FAY B NAME PONTO VOLLA BEDG, A. 32082 STREET ADDRESS P.O. BOX 3679 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32004 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

904-280-9295

Daytime Phone #