## FOR PROFIT CORPORATION 2002

## FILED May 17, 2002 8:00 am

|  | OMIF                               | DRM BOSIN   | ess repor  | RT (U                 | JBR)   | Socratory  | of State   |
|--|------------------------------------|---|--|-----------------------|--|--|--|
| DOC 1. Entity !  | UMEN                               | T# P0000004   | 5549   |                       |  | Secretary (  |  |
|  |                                    | FOUNT GOVE  | •  |                       | /  | 03-17-2002 90044 0   | 26 ***130.00   |
| "  | . D. 14]                           | CHOLSON, INC  | •  |                       | 1/   |  |  |
| 318 A 44 A 44  | 700 July 000000                    | State Carrier and the contract of                               | and av   |                       | <b>V</b> .   |  |  |
| A STATE OF THE STA |                                    |   |  |                       |  |  | •  |
|  |                                    | NOT WRITE   | IN THIS S  | SPAC                  | E  |  |  |
| 2. Principa  | al Place of Bus                    | 不是 体 一种 全上,这一种种种种性性的企   | This was the state of  |                       |  |  |  |
| 13916  | Intraco                            | astal Sound Dr.   | 3. Mailing Address   |                       |  |  | •  |
| Suite, A   | pt. #, etc.                        |   | Suite, Apt. #, etc.  | astal                 | Sound Dr.  |  |  |
| City & Si  | tate                               |   |  |                       | •  | DO NOT WRITE IN THIS S   | PACE   |
| Jackso   | nville,                            | FL  | City & State<br>Jacksonville,  | FT.                   |  | 4. FEI Number  | Applied  |
| Zip<br>32224   |                                    | Country<br>United States  | 32224  | <del></del>           | trv  | 59-3643909   | Applied For Not Applicable   |
|  | TEN ACT TO                         | onited States   | 32224  | Unite                 | ed States  | 5. Certificate of Status Desired   | 8.75 Additional  |
|  | in the same of                     |   |  |                       | Name   | 7. Name and Address of Current Registered A  | e Required   |
|  | at in E                            | O NOT WI  | RITE   | ₹\$UJos               |  | eph D. Nicholson   |  |
|  |                                    | N THIS SP   |  |                       | Street Address (F  | O. Box Number is Not Acceptable) ntracoastal Sound Dri   | <u> </u>   |
|  | 2000                               |   | AUE ALL SEE  |                       | <del></del> _ <del>_</del> _   | Sound Dri  | ve   |
|  |                                    |   |  | 7.56.0                | City T1  |  | · · · · · ·  |
| 8. The above   | e named entit                      | y submits this statement for t                                  | he purpose of changing its   | registere             | Jacks  | onville FL d agent, or both, in the State of Florida.  | Zip Code<br>32224  |
| 0.0  |                                    |   | and a second sec | , registeret          | d office or registere  | d agent, or both, in the State of Florida.   |  |
| SIGNATURE  | Signature, typed                   | or printed name of registered agent and                         | Little if poolingbin   |                       | <del></del>  |  |  |
| 9. This color  |                                    |   |  | E: Registered         | Agent signature required w   | hen reinstating} DATE  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See griteria on back)  Amended  Amended   |                                    |   |  |                       | <b>\$</b> 550 00   | 10. Election Campaign Financing  |  |
| 11.  | na on back)                        | <u> </u>  | Amended<br>Make Check Payab  | t UBR is<br>le to Den | \$61.25  | Trust Fund Contribution.   | \$5.00 May Be<br>Added to Fees   |
|  | DPST                               | OFFICERS AND DI   | RECTORS  | 7.12                  | The second second  |  |  |
| IAME   | Nichol                             | son, Joseph 1   | D.   | TITLE                 |  |  | Particular Control   |
| HEET ADDRESS   | 13916                              | Intracoastal  | Sound Drive  | NAME                  | ADDRESS  | grander en   |  |
|  | VP                                 | nville, Flor  | ida 32224  | CITY-ST               |  |  |  |
| AME  | Nichol                             | son, Nye  |  | TITLE                 |  | The second secon | And the open set of the set of th |
| TV ST 710  | 12310                              | Intracoastal  | Sound Drive  | NAME                  | Docce  | and the second second  |  |
| TLE , A  | <u>Jackso</u>                      | nville, FL 3  | 2224   | CITY-ST-              | THE PROPERTY OF THE PARTY OF THE PARTY OF  |  |  |
| ME   |                                    |   |  | TITLE                 | TV-T NEW YORK  | <u>C </u>  |  |
| REET ADDRESS   |                                    |   |  | NAME                  |  |  |  |
| Y-ST-ZIP   |                                    |   |  | STREET AL             | Carried to Fallery To  | DO NOT WRITE   |  |
| LE  <br>ME   |                                    |   |  | TITLE                 | The second of th |  |  |
| REET ADDRESS   |                                    |   |  | NAME                  |  | IN THIS SPACE  |  |
| Y-ST-ZIP   |                                    |   |  | STREET AD             | · · · · · · · · · · · · · · · · · · ·  |  |  |
| .E   |                                    |   |  | CITY-ST-Z             | OP CP  |  |  |
| ME<br>EET ADORESS  |                                    |   | .`   | NAME *                |  |  | Tana and the same of the same  |
| '-ST-ZIP   |                                    | •   |  | STREET ADI            | DRESS C.   |  |  |
| E  |                                    |   |  | CITY-ST-Z             | P 17 11 2 4 2 5 7  |  |  |
| ie   |                                    |   |  | TIPLE                 | en and and and   | OU BOARD OF SERVICE  |  |
| ET ADDRESS   |                                    |   |  | NAME<br>Street add    | NA A   |  |  |
|  | 125 - 11 - 12                      |   |  | A. 25. D. 15          |  | The second secon |  |
| indicated on   | ury that the inf<br>this report or | ormation supplied with this fi<br>supplemental report is true : | lling does not qualify for the   | exemptio              | n stated in Section  | 119.07(3)(i), Florida Statutes. I further certify tha  |  |
| INC COLDO  | COUNTRY THAT                       | BCOIVOR OF AMARIA   |  | INTERPRETATION OF     | Dall have the  |  |  |

Υindicated 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 attachment with an address, with all other like empowered. Joseph D. Nicholson  $\mu$ -22-

IGNATURE: \_

(904)221~1828