**FILED**
**May 14, 2004 8:00 am**
**Secretary of State**
04-21-2004 90009 027 ***150.00

OCUMENT # P02000008627

Entity Name
ARTER AND BETHUNE INC.

Principal Place of Business
3 SOLANDRA DR
CKSONVILLE FL 32210

Mailing Address
6403 SOLANDRA DR
JACKSONVILLE FL 32210

Principal Place of Business
4826 PALMER AVE
Suite, Apt. #, etc.

3. Mailing Address
4826 PALMER AVE
Suite, Apt. #, etc.

City & State
JAX FLA 32210
Zip
Country
DUVAL

City & State
JAX FLA
Zip
32210
Country
DUVAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
043593296
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTER, WILLIAM J JR
03 SOLANDRA DR
CKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name
William J CARTER JR
Street Address (P.O. Box Not Acceptable)
4826 PALMER AVE
Ph. 389-8665 (904)
City
JAX
FL
Zip Code
32210

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.

SIGNATURE William J Carter Jr 5/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

D
CARTER, WILLIAM J JR
6403 SOLANDRA DR
JACKSONVILLE FL 32210
☑ Delete

D
BETHUNE, BOBBY L
3511 FISH RD W
JACKSONVILLE FL 32220
☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARTER WILLIAM J JR, ☑ Change ☐ Addition
4826 PALMER AVE.
JAX FLA 32210

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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: WILLIAM J CARTER JR William J Carter Jr 4/29/03 (904) 379-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #