

FILED
May 01, 2003 8:00 am
Secretary of State

DOCUMENT # P02000103721

Mailing Address
3783 BIGGIN CHURCH RD W, STE 100
JACKSONVILLE, FL 32224

10095843

City & State

[illegible]☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0484086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Sally J. Kinchen
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive, #8323
City Jacksonville FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sign here, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when installing)

2/28/03

[illegible]

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	☐ Change	☒ Addition
NAME	Benjamin Miller		
STREET ADDRESS	6100 Arlington Pl		
CITY-ST-ZIP	101		
TITLE	Expy.	☐ Change	☐ Addition
NAME	Jax., FL 32225		
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	Secretary	☐ Change	☒ Addition
NAME	Amy Cason		
STREET ADDRESS	6100 Arlington Expwy		
CITY - ST - ZIP	P101		

TITLE	Vax, FL 32225	☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

ROLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY AND STATE	

CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	

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 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: Susan B. Alabragis, President 4/26/03 904 662 4919