
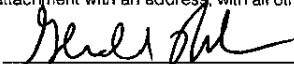


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 039 ***150.00

DOCUMENT # P02000134306 1. Entity Name BEELINE OPERATIONS CORP.																																																																																																																	
Principal Place of Business ONE INDEPENDENT DR JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DR JACKSONVILLE, FL 32202																																																																																																														
2. Principal Place of Business		3. Mailing Address																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country	4. FEI Number 56-2307249																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																													
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAYNE, TIMOTHY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE INDEPENDENT DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CROUCH, ROBERT P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE INDEPENDENT DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLLAND, GREGORY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE INDEPENDENT DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CEO</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAYNE, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE INDEPENDENT DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROGINSON, GERALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE INDEPENDENT DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TURTOR, TUARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE INDEPENDENT DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">President</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Richard White</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>One Independent Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPOF Tax</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gerald Robinson</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>One Independent Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Asst. Secretary</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Tyra Tutor</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>One Independent Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32202</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	PAYNE, TIMOTHY D		STREET ADDRESS	ONE INDEPENDENT DR		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	D	<input type="checkbox"/> Delete	NAME	CROUCH, ROBERT P		STREET ADDRESS	ONE INDEPENDENT DR		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	D	<input type="checkbox"/> Delete	NAME	HOLLAND, GREGORY D		STREET ADDRESS	ONE INDEPENDENT DR		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	CEO	<input type="checkbox"/> Delete	NAME	PAYNE, TIMOTHY		STREET ADDRESS	ONE INDEPENDENT DRIVE		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	VPT	<input type="checkbox"/> Delete	NAME	ROGINSON, GERALD		STREET ADDRESS	ONE INDEPENDENT DRIVE		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	AS	<input checked="" type="checkbox"/> Delete	NAME	TURTOR, TUARA		STREET ADDRESS	ONE INDEPENDENT DRIVE		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Richard White		STREET ADDRESS	One Independent Dr.		CITY-ST-ZIP	Jacksonville, FL 32202		TITLE	VPOF Tax	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gerald Robinson		STREET ADDRESS	One Independent Dr		CITY-ST-ZIP	Jacksonville, FL 32202		TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Tyra Tutor		STREET ADDRESS	One Independent Dr.		CITY-ST-ZIP	Jacksonville, FL 32202	
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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:  Gerald Robinson 4-19-04 904-360-2704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	