



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90038 027 \*\*\*150.00

|   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
|---|--------------------------------------|--|--|---|---------------------------------|------|--------------------------|--|----------------|------------------------|--|-------------|-------------------------------|--|-------|------|---------------------------------|------|--------------------------|--|----------------|-----------------------|--|-------------|-------------------------------|--|-------|------|---------------------------------|------|-------------------------|--|----------------|------------------------------|--|-------------|-------------------------------|--|-------|------|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|--|--|--|-------|------|---|------|--|--|----------------|--|--|-------------|--|--|-------|------|---|------|------------------------|--|----------------|--------------------------------------|--|-------------|-------------------------------|--|-------|------|---|------|--|--|----------------|--|--|-------------|--|--|-------|------|---|------|--|--|----------------|--|--|-------------|--|--|-------|------|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P03000046482</b><br>1. Entity Name<br><b>BRB FABRICATIONS, INC.</b>   |                                      |  |  |    |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>10046 PAXTON ROAD<br/>JACKSONVILLE, FL 32219</b>  |                                      |  | Mailing Address<br><b>10046 PAXTON ROAD<br/>JACKSONVILLE, FL 32219</b> |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                              |  | <div style="font-size: 1.2em; font-weight: bold;">50027324</div>  |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 03092005      Chg-P      CR2E034 (10/03)  |                                      |  |  | 4. FEI Number<br><b>03-0514580</b>  |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |                                      |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BERNARD, ROBERT<br/>10046 PAXTON ROAD<br/>JACKSONVILLE, FL 32219</b>  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 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.<br><br>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)      DATE: _____   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BERNARD, ROBERT L</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>10046 PAXTON RD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>JACKSONVILLE, FL 32219</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BERNARD, ROBERT W</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2790 FORBES ST</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>JACKSONVILLE, FL 32205</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BERNARD, BRIAN W</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>7595 BAYMEADOWS CIR W</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>JACKSONVILLE, FL 32256</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                                      |  | TITLE  | NAME  | <input type="checkbox"/> Delete | NAME | <b>BERNARD, ROBERT L</b> |  | STREET ADDRESS | <b>10046 PAXTON RD</b> |  | CITY-ST-ZIP | <b>JACKSONVILLE, FL 32219</b> |  | TITLE | NAME | <input type="checkbox"/> Delete | NAME | <b>BERNARD, ROBERT W</b> |  | STREET ADDRESS | <b>2790 FORBES ST</b> |  | CITY-ST-ZIP | <b>JACKSONVILLE, FL 32205</b> |  | TITLE | NAME | <input type="checkbox"/> Delete | NAME | <b>BERNARD, BRIAN W</b> |  | STREET ADDRESS | <b>7595 BAYMEADOWS CIR W</b> |  | CITY-ST-ZIP | <b>JACKSONVILLE, FL 32256</b> |  | TITLE | NAME | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>Brian W Bernard</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>12700 Bartram Park Blvd. #215</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Jacksonville, FL 32258</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | <b>Brian W Bernard</b> |  | STREET ADDRESS | <b>12700 Bartram Park Blvd. #215</b> |  | CITY-ST-ZIP | <b>Jacksonville, FL 32258</b> |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Delete  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  | <b>BERNARD, ROBERT L</b>             |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>10046 PAXTON RD</b>               |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>JACKSONVILLE, FL 32219</b>        |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Delete  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  | <b>BERNARD, ROBERT W</b>             |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>2790 FORBES ST</b>                |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>JACKSONVILLE, FL 32205</b>        |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Delete  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  | <b>BERNARD, BRIAN W</b>              |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>7595 BAYMEADOWS CIR W</b>         |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>JACKSONVILLE, FL 32256</b>        |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Delete  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Delete  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Delete  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  | <b>Brian W Bernard</b>               |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>12700 Bartram Park Blvd. #215</b> |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>Jacksonville, FL 32258</b>        |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 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 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.   |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> <i>Robert L Bernard</i> <b>Robert L Bernard</b> 3-1405      904 226-4506<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |                                      |  |  |   |                                 |      |                          |  |                |                        |  |             |                               |  |       |      |                                 |      |                          |  |                |                       |  |             |                               |  |       |      |                                 |      |                         |  |                |                              |  |             |                               |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |                        |  |                |                                      |  |             |                               |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |       |      |   |      |  |  |                |  |  |             |  |  |