2008 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 4901 BEFFORT RADD 3715 FINANCIAL WAY LEGAL BEFF ACKSONVILLE, FL 32256 2. Principal Place of Business. No PO Box # 1. Masing Address 17215 FINANCIAL WAY LEGAL BEFF ACKSONVILLE, FL 32256 2. Principal Place of Business. No PO Box # 1. Masing Address 1 LoO B Cry an Street LoO B Cry and Address LoO B Cry a
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Name and Address of Now Registered Agent T. Name and Address of Now Registered Agent
Name Street Address (P.O. Box Number is Not Acceptable)
Street Address (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Append or printed name of registered agent and time if applicable. (NOTE: Registered Apend signature required when remotating) DATE FILE NOW!!! FEE IS \$150.00
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SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DP MAME WILSON, DE LONE STREET ADDRESS CITY-ST-ZIP JACKSON, MS 39206 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VP MAME HERBERT, STEVEN F STREET ADDRESS 9710 TWO NOTCH RD. CITY-ST-ZIP COLUMBIA, SC 29223 TITLE CFOD DElete TITLE STREET ADDRESS OFFICERS AND DIRECTORS IN ITILE STREET ADDRESS OFFICERS OFFICERS OFFICERS AND DIRECTORS IN ITILE STREET ADDRESS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICE
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CITY-ST-ZIP JACKSON, MS 39206 CITY-S
12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, 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 trusted 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 a register its producered.
changed, or on an attachment with an address, with all other like empowered.
changed, or on an attachment with any address, with all other like empowered. SIGNATURE: SIGNATURE AND THYED ON ARRINGED NAME OF SIGNING OFFICER OR DIRECTOR Davier Phone I