FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36249** **(1)**

1. Corporation Name
SYNOX CORPORATION

Principal Place of Business
% 11511 PHILLIPS HIGHWAY SOUTH
JACKSONVILLE FL 32256

Mailing Address
PO BOX 41629
JACKSONVILLE FL 32203-1629
US

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P. O. Box 11169
Suite, Apt. #, etc
27
City & State
28 Birmingham, AL
Zip 29 35202-1169 Country 30 USA

4. FEI Number: **52-1460078** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JOHNSTON, BARBARA C
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARINELLI, ANTONIO	1.2 NAME	
STREET ADDRESS	6101 DAVENPORT TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	P CEO D ☐ Change ☐ Addition
NAME	BLYTHE, ROBERT D.	2.2 NAME	William J. Long
STREET ADDRESS	520 OCEANFRONT # 2	2.3 STREET ADDRESS	100 Union Hill Dr - Suite 100
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	2.4 CITY-ST-ZIP	Birmingham AL 35209
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARINELLI, ORLANDO	3.2 NAME	
STREET ADDRESS	2100 N. DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LONG, CHARLES A., JR.	4.2 NAME	
STREET ADDRESS	801 FIFTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	DP ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BAIRD, JAMES J JR.	5.2 NAME	
STREET ADDRESS	11511 PHILLIPS HWY., SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COBB, WILLIAM A.	6.2 NAME	
STREET ADDRESS	P.O. BOX 1656	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/1/96 205-251-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)