FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:32

DOCUMENT # **P93000008823 (5)**

1. Corporation Name
KNOX DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
8551 WEST SUNRISE BLVD. SUITE 300 PLANTATION FL 33322	8551 WEST SUNRISE BLVD. SUITE 300 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0453073 ☐ 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

WOLAVER, KNOX JR
8551 WEST SUNRISE BLVD.
SUITE 303
PLANTATION FL 33322

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WOLAVER, KNOX J JR.	12 NAME	
STREET ADDRESS	8551 WEST SUNRISE BLVD. , SUITE 303	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	S ☐ Change ☐ Addition
NAME	HANCOCK, JOYCE E	22 NAME	Hancock, Joyce E
STREET ADDRESS	4026 INVERRARY BLVD. #1616	23 STREET ADDRESS	409 NW 64th Ave #311
CITY-ST-ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	Plantation FL 33317
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: _____ Pres. 3-28-95 (305)423-0701
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Title — Daytime Phone #

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:20

DOCUMENT # **P93000009097 (5)**

1. Corporation Name
BARNETT CENTER, INC.

Principal Place of Business	Mailing Address
50 N LAURA ST MC 0990000150 JACKSONVILLE FL 32202 US	50 N LAURA ST MC 0990000150 JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3163216 — Applied For / Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SWARTLEY, RICHARD E
50 NORTH LAURA STREET
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	NOBLES, HINTON F	12 NAME	
STREET ADDRESS	50 N LAURA ST	13 STREET ADDRESS	
CITY-ST-ZIP	JAKCKSONVILLE FL 32202	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[X] Change [ ] Addition
NAME	JORDAN, RICHARD D	22 NAME	D
STREET ADDRESS	50 N LAURA ST	23 STREET ADDRESS	NICHOLSON, WILIAM
CITY-ST-ZIP	JAKCKSONVILLE FL 32202	24 CITY-ST-ZIP	50 NORTH LAURA STREET JACKSONVILLE, FL 32202
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	NEWMAN, CHARLES W	32 NAME	
STREET ADDRESS	50 N LAURA ST	33 STREET ADDRESS	
CITY-ST-ZIP	JAKCKSONVILLE FL 32202	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	D/T/S [X] Change [ ] Addition
NAME	HALL, RONALD E	42 NAME	MCCANN, PATRICK J.
STREET ADDRESS	50 NO LAURA STR	43 STREET ADDRESS	50 NORTH LAURA STREET
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE		51 TITLE	D [ ] Change [X] Addition
NAME		52 NAME	GRAF, JEFFREY K.
STREET ADDRESS		53 STREET ADDRESS	9000 SOUTHSIDE BLVD.
CITY-ST-ZIP		54 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Patrick J. McCann — 3/2/95 — (904) 791-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick J. McCann