

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010838

1. Entity Name

KERNAN MILL, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90096 043 ***150.00

Principal Place of Business	Mailing Address
1914 ART MUSEUM DR JACKSONVILLE FL 32207 US	1914 ART MUSEUM DR JACKSONVILLE FL 32207-2502 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3162854	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOWERS, LAWRENCE R 1914 ART MUSEUM DR STE 130 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE L. Randall Towers L. Randall Towers 3/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME TOWERS, L R STREET ADDRESS 1914 ART MUSEUM DRIVE CITY-ST-ZIP JACKSONVILLE FL	TITLE S NAME Julie Pyburn STREET ADDRESS 1914 Art museum Drive CITY-ST-ZIP Jacksonville, FL 32207
TITLE P NAME L.R. TOWERS STREET ADDRESS 1914 ART MUSEUM DR. CITY-ST-ZIP JACKSONVILLE FL	TITLE V NAME William T. Pyburn III STREET ADDRESS 1914 Art museum Drive CITY-ST-ZIP Jacksonville, FL 32207
TITLE VS NAME TOWERS, VIRGINIA Q STREET ADDRESS 1914 ART MUSEUM DR CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all powers like empowered.

SIGNATURE: L. Randall Towers L. Randall Towers 3/30/00 (904) 399-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #