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

APPROVED AND FILED
95 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/95--01038--014
****208.75 ****208.75

DOCUMENT # P93000025698 (0)

1. Corporation Name
THE MILESTONE COMPANY OF JACKSONVILLE, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14165 N. MAIN ST. JACKSONVILLE, FL 32218	14165 N. MAIN ST. JACKSONVILLE, FL 32218

3. Date Incorporated or Qualified: 04/02/93--04/24/95 — 3a. Date of Last Report: 04/04/94

2. Principal Place of Business (21) — 2a. Mailing Address (26)

4. FEI Number: 59-3203791 — ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☒ — **$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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEGGETT, STEPHEN M.
14165 N. MAIN ST.
JACKSONVILLE, FL. 32218

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 X Stephen M. Leggett — STEPHEN M. LEGGETT — 5/25/95
Signature, title or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME LEGGETT, STEPHEN M. STREET ADDRESS 3754 PLANTERS CREEK CIR W CITY-ST-ZIP JACKSONVILLE, FL 32224	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S/T NAME GROSSE, DOUGLAS B. STREET ADDRESS 8430 COMMONWEALTH AVE. CITY-ST-ZIP JACKSONVILLE, FL. 32220	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition RW

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: Douglas B. Grosse — 5/25/95 — 904-696-8865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOUGLAS B. GROSSE