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 APR 24 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027728 (3)**

1. Corporation Name
BL&J OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3643 A1A S ST AUGUSTINE FL 32084	3643 A1A S ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 1043 A1A Beach Blvd.
Suite, Apt. #, etc.
22
City & State
23 St. Augustine, FL
Zip 24 32084 Country 25 USA

2a. Mailing Address
26 2200 Powell Street
Suite, Apt. #, etc.
27 Suite 800
City & State
28 Emeryville, CA
Zip 29 94608 Country 30 USA

4. FEI Number: 59-3172969 ☐ 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

POWELL, LYNNE
3643 A1A SOUTH
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83 Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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 Vicki Schneider 4/21/95
Signature, typed 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	ST	11 TITLE	PD ☒ Change ☐ Addition
NAME	NORTON, ELIZABETH	12 NAME	Glasser, Harvey
STREET ADDRESS	5072 MEDORPS AVE.	13 STREET ADDRESS	2200 Powell Street, Suite 800
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	Emeryville, CA 94608
TITLE	V	21 TITLE	VSD ☐ Change ☐ Addition
NAME	LEIRA, JAIME	22 NAME	Haas, Jim
STREET ADDRESS	4 WINCHESTER PLACE	23 STREET ADDRESS	2200 Powell Street, Suite 800
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	Emeryville, CA 94608
TITLE	P	31 TITLE	TSD ☐ Change ☐ Addition
NAME	POWELL, LYNNE	32 NAME	Murphy, Jim
STREET ADDRESS	5566 PELICAN WAY	33 STREET ADDRESS	2200 Powell Street, Suite 800
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	Emeryville, CA 94608
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	000001465180
STREET ADDRESS		43 STREET ADDRESS	-04/26/95--01053--014
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	TLS 4/24/95
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 the 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: X Dr. Harvey Glasser 4/20/95 510-420-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0402093 FP