| PROFIT CORPORATION ANNUAL REPORT  1996   |   | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS   |  |  |             |
|--|---|---|--|--|-------------|
| DOCUM<br>1. Corporation N<br>L.C. R  | IENT # <b>P9300</b><br>EAL ESTATE, INC.   | 0036188 (9)   | )  |  | ]           |
| Principal Place of Business  SO N. LAURA STREET STH FLOOR MAIL Code: AG-000 - 18 50 N. LAURA STREET STH FLOOR MAIL Code: AG-000 - STH FLOOR MAIL Code 099-000 - JACKSONVILLE FL 32202  JACKSONVILLE FL 32202                 |   |   |  |  |             |
| Principal Place of Business     2a. Mailing Address  |   | <b>}</b> ₁  |  | 4. FE: Number Applied For  |             |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired \$8.75 Additional   |             |
| 22 Crty & State  |   | City & State  | ,  | 6. Election Campaign Financing \$5.00 May Be   | -   .       |
| 23 Zip Country   |   | <b>28</b> Zip   | Country  | Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible lay split Consolidation in the company of the company | aled        |
| 24   | 25<br>9. Name and Address of Current  | 29  | 80]  | Florida Statutes See No  10. Name and Address of New Registered Agent  | CIRCL       |
| 11. Pursuant to or registered familiar with SIGNATURE  | , and accept the obligations as Section   | n 607.0505, Florida Statutes.<br>nd lille if applicable. (NO E  | the above named comby the corporation's by  Meddl Charles  Registered Agent signature req  | poration submits this statement for the purpose of changing its registered officered of directors. I hereby accept the appointment as registered agent. I am oneship president  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |             |
| TITLE  | DSTV  | <b>D</b> ELETE  | 1. 1 TITLE   | → P Addition   | 034 (12/95) |
| NAME<br>STREET ADDRESS   | HEAD, JAMES A<br>50 N. LAURA ST., MC: 099-  | 000-1812  | 1.2 NAME<br>1.3 STREET ADDRESS   | Chomeshi, Mehdistreet<br>50 N. Langa Street<br>Jacksonville FL 32202   | E03         |
| CITY-ST-ZIP<br>TITLE   | JACKSONVILLE FL<br>DP   | <b>F⊈</b> DELETE  | 1.4 CITY - ST - ZIP  | Jacksonville FL 32202  | CRZE        |
| NAME<br>STREET ADDRESS   | MILLER, ROBERT F JR<br>50 N LAURA ST  | <b>/</b> -  | 2.2 NAME<br>2.3 STREET ADDRESS   | DV story, Deborah Change Addition 50 N Laura Street Jacksonville FL 32202  |             |
| CITY-ST-ZIP  | JACKSONVILLE FL 32202   |   | 2.4 C-TY - ST - ZIP  | Jacksonville, FL 32202   | _           |
| TITLE  | Dasv<br>Jarboe, Lloyd Allen Jr  | PX OF LET E   | 3 1 TITLE<br>32 NAME   | t ☐ Change ☐ Addition  |             |
| NAME   | 50 N. LAURA ST.   |   | 3.3. STREET ADDRESS  |  |             |
| STREET ADDRESS   |   |   |  | Character Fifth Addition   |             |
|  | JACKSONVILLE FL 32202   | DELETE  | 34 CITY - ST - ZIP<br>4 1 TITLE  | DSV ■Change Addition   |             |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME  | JACKSONVILLE FL 32202<br>KRAMER, WILLIAM G  | _   | 4 1 TITLE<br>4.2 NAME  | DSV Addition   |             |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | JACKSONVILLE FL 32202  KRAMER, WILLIAM G  1000 CENTURY PARK DRIV TAMPA FL   | E, 4TH FLOOR  | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP  | D SV   |             |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS   | JACKSONVILLE FL 32202  KRAMER, WILLIAM G  1000 CENTURY PARK DRIV  | _   | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS  | → TV B-Change Addition   |             |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | JACKSONVILLE FL 32202  KRAMER, WILLIAM G 1000 CENTURY PARK DRIV TAMPA FL  KINS, ROY R 1000 CENTURY PARK DRIV  | E, 4TH FLOOR  | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS  | → → → → → Addition → → → → → → → → → → → → → → → → → → →   |             |
| STREET ADDRESS CITY-S1-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | JACKSONVILLE FL 32202  KRAMER, WILLIAM G 1000 CENTURY PARK DRIV TAMPA FL  AKINS, ROY R  | E, 4TH FLOOR  | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE  | D SV   |             |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | JACKSONVILLE FL 32202  KRAMER, WILLIAM G 1000 CENTURY PARK DRIV TAMPA FL  KINS, ROY R 1000 CENTURY PARK DRIV  | E, 4TH FLOOR  DELETE  E, 4TH FLOOR  | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  | → → → → → Addition → → → → → → → → → → → → → → → → → → →   |             |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TALE STREET ADDRESS CITY-SI-ZIP           | JACKSONVILLE FL 32202  KRAMER, WILLIAM G 1000 CENTURY PARK DRIV TAMPA FL  AKINS, ROY R 1000 CENTURY PARK DRIV TAMPA FL  | E, 4TH FLOOR  DELETE  DELETE  | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 1.4 CI | ####200.00 Grange Addition  400001815114  -05/09/9601063043  ****200.00 Grange Gaddition   |             |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath; that I | JACKSONVILLE FL 32202  KRAMER, WILLIAM G 1000 CENTURY PARK DRIV TAMPA FL  AKINS, ROY R 1000 CENTURY PARK DRIV TAMPA FL  certify that the information supplied whe information indicated on this annual an officer or director of the corror   | E, 4TH FLOOR  DELETE  E, 4TH FLOOR  DELETE  with this filing is voluntarily furn sial aron or the receiver or trustee a ston or the receiver or trustee a | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP mediand does not qualifreport is true and accumpowered to execute  | → → → → → Addition → → → → → → → → → → → → → → → → → → →   |             |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath; that I | JACKSONVILLE FL 32202  KRAMER, WILLIAM G 1000 CENTURY PARK DRIV TAMPA FL  AKINS, ROY R 1000 CENTURY PARK DRIV TAMPA FL  certify that the information supplied w the information indicated on this annu am an officer or director of the corpor Block 12 or Block 13 if charged, or or | E, 4TH FLOOR  DELETE  E, 4TH FLOOR  DELETE  with this filing is voluntarily furn sial aron or the receiver or trustee a ston or the receiver or trustee a | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP mediand does not qualifreport is true and accumpowered to execute  | Addition  40001815114 -05/09/9601063043 ****200.00   |             |