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 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073241 (0)**

1. Corporation Name
WICKES FINANCIAL SERVICES CENTER, INC.

Principal Place of Business	Mailing Address
7800 BELFORT PARKWAY SUITE 100 JACKSONVILLE FL 32256	7800 BELFORT PARKWAY SUITE 100 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/20/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3220938** ☐ 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	10. Name and Address of New Registered Agent
KIRSCHNER MAIN PETRIE GRAHAM AND TANNER ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202	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 (Typed or Printed Name of Registered Agent and Title of Officer) (If Registered Agent is an Individual) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	D/S ☐ Change ☐ Addition
12 NAME	GILSTRAP, SUZANNE T	12 NAME	
13 STREET ADDRESS	7800 BELFORT PARKWAY, SUITE 100	13 STREET ADDRESS	
14 CITY ST ZIP	JACKSONVILLE FL 32256	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	KIRSCHNER, KENNETH M	22 NAME	
23 STREET ADDRESS	ONE INDEPENDENT DR., #2000	23 STREET ADDRESS	
24 CITY ST ZIP	JACKSONVILLE FL 32202	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	WILSON, J S	32 NAME	
33 STREET ADDRESS	7800 BELFORT PARKWAY, SUITE 100	33 STREET ADDRESS	
34 CITY ST ZIP	JACKSONVILLE FL 32256	34 CITY ST ZIP	
41 TITLE		41 TITLE	P ☐ Change ☒ Addition
42 NAME		42 NAME	Ronald W. Anderson
43 STREET ADDRESS		43 STREET ADDRESS	7800 Belfort Parkway Suite 100
44 CITY ST ZIP		44 CITY ST ZIP	Jacksonville FL 32256
51 TITLE		51 TITLE	VP ☐ Change ☒ Addition
52 NAME		52 NAME	Brian Crandall
53 STREET ADDRESS		53 STREET ADDRESS	7800 Belfort Parkway Suite 100
54 CITY ST ZIP		54 CITY ST ZIP	Jacksonville, FL 32256
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I declare (I) certify that the information supplied with this filing is, to my knowledge, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 added to the report, or on an attachment with an address.

SIGNATURE: Ronald W. Anderson — 4-26-95 — 904-281-2200
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Ronald W. Anderson

0091307 CP