* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 (NAIVED) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . ANNUAL REPORT Secreta of State **DIVISION OF CORPORATIONS** 1997 97 JJM 25 PM 3: 45 DOCUMENT # P94000004943 PROFESSIONAL DISPLAYS OF NORTH FIORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address (SAME) 8983 WESTERN WAY Suite 14 JACKSONVILLE, FLORIDA 32256 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/94 2. Principal Place of Business 2a. Mailing Address Applied For SAME 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No DUNDAG Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent King, ANN C. 148 RIVERWOOD DrIVE 81 Name Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK, 71 32073 83 R4 City 85 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. ANN C. KING SIGNATURE WON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ane (___ Change ___ Addition . Kino 1.2 NAME Riverwood Dr. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY-ST-ZIP ☐ Change ☐ Addition 2.1 TITLE 100002227191—9 -07/01/97—01006—005 ****165.00 ****165.00 MERRILEE STAULRY III FOXALOUE PIACE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS STRUT ADDRESS CITY-ST-ZIP 3.4. CITY - ST-7IP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition 5.1 3HLF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - S1 - 7:P CITY-ST-7IP DELETE Addition 6.1 TITLE 6.2 NAMU 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 logal effect as if made under early, 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

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TITLE

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TITLE

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TITLE NAME

5-24-97 904-363-2007 SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an atlachment with an address