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 26 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032520 (6)

1. Corporation Name
JENNIFER E. ADICKS, SLP, PA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~4250 A1A S~~ ~~#C-32~~ ~~ST AUGUSTINE FL 32084~~	~~4250 A1A S~~ ~~#C-32~~ ~~ST AUGUSTINE FL 32084~~

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 1797 OLD MONULTRIE RD	26 1797 OLD MONULTRIE RD	59-325-2349 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc. #12	27 Suite, Apt. #, etc. #12	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State ST. AUGUSTINE, FL	28 City & State ST. AUGUSTINE, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip 32084 25 Country USA	29 Zip 32084 30 Country USA	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
HALL, CHARLES E JR. ~~102 B ANASTASIA BLVD~~ ST AUGUSTINE FL 32084	81 Name: CHARLES E. HALL, JR. 82 Street Address (P.O. Box Number is Not Acceptable): 99-B ORANGE STREET 83 84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☐ Change ☐ Addition
NAME	ADICKS, JENNIFER E	12 NAME	
STREET ADDRESS	~~4250 A1A S #C-32~~ 1797 Old Moultrie Rd, #12	13 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ADICKS, JENNIFER E	22 NAME	
STREET ADDRESS	~~4250 A1A S #C-32~~ 1797 Old Moultrie Rd, #12	23 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
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 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: Jennifer E. Adicks SLP, P.A. 4/19/95 (904) 824-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000073 CP