FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9400054560 (5) NORTHEAST FLORIDA DEVELOPMENT COMPANY, INC. Mailing Address Principal Place of Business C/O PAUL C. PORTER 205 THOUSAND OAKS BOULEVARD C/O PAUL C. PORTER 205 THOUSAND OAKS BOULEVARD DO NOT WRITE IN THIS SPACE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 3. Date Incorporated or Qualified 07/22/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3645 ST. Johns BLUFF RD 3546 St. Johns Bluff KD 59-3263096 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 324 Fee Required 324 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible "ંડ*ન* 32224 USA □ No 25 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PORTER, PAUL C 205 THOUSAND OAKS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 JACKSONVILLE <u> 32,246</u> 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 Horida. 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 (NOTE Registered Agent signature required when reinstalling DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition 1.1 TITLE TITLE PORTER, PAUL C 1.2 NAME NAME 205 THOUSAND OAKS BLVD. STREET ADDRESS 1.3 STREET ADORESS PONTE VEDRA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE PY, ISSABELLE NAME 2.2 NAME 2224 S 15T, B 2224 S 1 ST, C STREET ADDRESS 23 STREET ADDRESS JAX BCH FL 2 4 CITY-ST-ZIP CITY-ST-ZIP **Addition** DELETE 3 1 TITLE ☐ Change TITLE RICHARD & KURTTS 3.2 NAME NAME 1379 FARN CREEK DRIVE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing closs 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 innual 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

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS 6.4 City-St-ZiP

5.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

Change

Change

Addition

Addition