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 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054814 (6)

1. Corporation Name
HEDRICK & DEWBERRY, P.A.

Principal Place of Business	Mailing Address
~~1337 RIVER OAKS RD~~ 5 JACKSONVILLE FL 32207	1337 RIVER OAKS RD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 50 North Laura Street	26 50 North Laura St.
Suite, Apt. #, etc. 22 Suite 2225	Suite, Apt. #, etc. 27 Suite 2225
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32202 / 25 U.S.A.	Zip / Country 29 32202 / 30 U.S.A.

4. FEI Number: 59-3258137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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
HEDRICK, ALEXANDRA K 1337 RIVER OAKS RD JACKSONVILLE FL 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street 83 Suite 2225 84 City: Jacksonville FL 85 Zip Code: 32202

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: ✓ Alexandra K Hedrick — Alexandra K. Hedrick — 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	HEDRICK, ALEXANDRA K	12 NAME	
STREET ADDRESS	1337 RIVER OAKS RD	13 STREET ADDRESS	50 North Laura St., Suite 2225
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DEWBERRY, MICHAEL J	22 NAME	
STREET ADDRESS	4245 S POINT LAVISTA RD	23 STREET ADDRESS	50 North Laura St., Suite 2225
CITY-ST-ZIP	JACKSONVILLE FL 32207	24 CITY-ST-ZIP	Jacksonville, FL 32202
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: ✓ Alexandra K Hedrick — 4/28/95 — 904-356-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alexandra K. Hedrick

0018304 CP