FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000061570 (5)**

1. Corporation Name

VENTURA II, INC.

Principal Place of Business	Mailing Address
5050 EDGEWOOD COURT JACKSONVILLE FL 32254	P.O. BOX 2088 JACKSONVILLE FL 32203

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **08/18/1994**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-3261207** ☐ 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

FRANCIS, HARRY D
5050 EDGEWOOD COURT
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STEPHENS, CHARLES P		1.2 NAME		
STREET ADDRESS	C/O 5050 EDGEWOOD COURT		1.3 STREET ADDRESS	1 Paschall Rd	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Peachtree City, GA	
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STEPHENS, SANDRA D		2.2 NAME		
STREET ADDRESS	C/O 5050 EDGEWOOD COURT		2.3 STREET ADDRESS	1 Paschall Rd	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Peachtree City, GA	
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKELTON, H. J		3.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	4.1 TITLE	300001764308	☐ Change ☐ Addition
NAME	FRANCIS, H. D		4.2 NAME	-04/01/96--01031--002	
STREET ADDRESS	5050 EDGEWOOD COURT		4.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	SAT	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BISHOP, JR. B G. P.		5.2 NAME	Bishop, Jr., G. P.	
STREET ADDRESS	5050 EDGEWOOD COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME			6.2 NAME	CLOWE, DAVID C	
STREET ADDRESS			6.3 STREET ADDRESS	5050 EDGEWOOD CT	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE FL	

CR2E034 (12/95)

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)(k), 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: G.P. Bishop, Jr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 — Date

(904)783-5314 — Daytime Phone #