R PROFIT CORPORATION
ANNUAL REPORT

NT # P94000082966

OF NORTH FLORIDA, INC.

FILED

04 JAN 26 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

..ncipal Place of Business
2165 HERSCHEL ST.
JACKSONVILLE, FL 32204 US

Mailing Address
2165 HERSCHEL ST.
JACKSONVILLE, FL 32204 US

01152004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3274637 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DR.
SUITE 2301
JACKSONVILLE, FL 32202

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TUNSTILL, STEPHEN L
STREET ADDRESS	2165 HERSCHEL ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	ST
NAME	PERRY, PHIL C
STREET ADDRESS	2165 HERSCHEL ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VP
NAME	CHAPMAN, JAMES G
STREET ADDRESS	2165 HERSCHEL ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VP
NAME	DONOVAN, KEVIN
STREET ADDRESS	2165 HERSCHEL ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VP
NAME	GOLDBOLDT, ANTHONY G
STREET ADDRESS	2165 HERSCHEL ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VP
NAME	SOHA, WALTER M
STREET ADDRESS	2165 HERSCHEL ST.
CITY-ST-ZIP	JACKSONVILLE, FL 322041

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: David C. Koehler 1/23/04 904 387 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #