

195000000090

95 JAN -3 AM 10:01
DIVISION OF CORPORATION

** QUOTATION **

EFFECTIVE DATE

Dec. 29, 1994

INVOICE #

NOTON

1/03/95

CAPITAL CONNECTION, INC.
P.O. BOX 10349

CUSTOMER #

MART01

TALLAHASSEE, FL 32302
904-224-8870
CLIENT REF # JW4

700001367057
-01/03/95--01018--022
****122.50 ****122.50

CLIENT REP: JULIA WATSON

DOCUMENT FILING, W/CC, AM RUSH, SHIPPING/HANDLING
FILE ARTICLES WITH CERT COPY FOR:
NOT ON YOUR LIFE, INC.

N

FILED
95 JAN -3 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 3 1995 BSB

ARTICLES OF INCORPORATION
OF
NOT ON YOUR LIFE, INC.

FILED
95 JAN -3 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this corporation is Not on Your Life, Inc.

ARTICLE II

EFFECTIVE DATE

Dec. 29, 1994

PRINCIPAL OFFICE

The principal office of this corporation is One Independent Drive, Suite 3000, Jacksonville, FL 32202. The mailing address of the corporation is Post Office Box 59, Jacksonville, FL 32201.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue seven thousand five hundred (7,500) shares of common stock with a par value of one dollar (\$1.00) per share, which shares shall be and hereby are designated as "Common Stock." The Common Shares shall be and hereby are divided into two classes, one thousand (1,000) shares thereof being known as "voting stock" and six thousand five hundred (6,500) shares thereof being known as "non-voting stock." The non-voting stock shall be distinguished from the voting stock only in that the non-voting stock shall have no voting privileges or power. In all other instances, the non-voting stock shall have full rights, privileges, and power of the voting stock. Without action by the stockholders, any or all of the authorized stock may be issued by the corporation from time to time for such

consideration as may be fixed by the Board of Directors of this corporation.

ARTICLE IV

TERM OF EXISTENCE

The term for which this corporation shall exist shall be perpetual, commencing on December 29, 1994.

ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The initial registered office and primary office of this corporation in the State of Florida is One Independent Drive, Suite 3000, Jacksonville, FL 32202. The name of the initial registered agent of this corporation at that address is Norma W. McCormick. The Board of Directors may, from time to time, change the registered agent or move the registered office to any other address in Florida.

ARTICLE VI

INCORPORATOR

The name and address of the Incorporator of this corporation is:

NAME

Norma W. McCormick

ADDRESS

One Independent Drive
Suite 3000
Jacksonville, FL 32202

ARTICLE VII

AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Both the shareholders and the Board of Directors may repeal, amend or adopt Bylaws for the corporation, pursuant to these Articles, except that the shareholders may prescribe in any Bylaw made by them that such Bylaw shall not be altered, repealed or amended by the Board of Directors.

IN WITNESS WHEREOF, the undersigned Incorporator, being a natural person competent to contract, has hereunto set her hand and affixed her seal this 29th day of December, 1994.

 (SEAL)
Norma W. McCormick, Incorporator

**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF
REGISTERED AGENT OF**

NOT ON YOUR LIFE, INC.

FILED
5 JAN -3 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned, having been designated as the initial Registered Agent for the service of process within the State of Florida upon NOT ON YOUR LIFE, INC., a corporation organized under the laws of the State of Florida, does hereby state that she is familiar with the obligations of the position of Registered Agent and that she does hereby accept the appointment as such Registered Agent for the above-named corporation, and does hereby agree to comply with the provisions of Section 48.091(2) relative to keeping open the Registered Office of said corporation, which Registered Office is located at One Independent Square, Suite 3000, Jacksonville, Florida 32202.

IN WITNESS WHEREOF, I, such designated Registered Agent, have hereunto set my hand and seal at Jacksonville, Florida, on this 29th day of December, 1994.


Norma W. McCormick
Registered Agent

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000090 (7)

1. Corporation Name

NOT ON YOUR LIFE, INC.

APPROVED
AND
FILED

95 APR 11 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE INDEPENDENT DR
SUITE 3000
JACKSONVILLE FL 32201

P O BOX 59
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report
4. FET Number 59-3305878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 9. Name and Address of Current Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

MCCORMICK, NORMA W
ONE INDEPENDENT DR
SUITE 3000
JACKSONVILLE FL 32201

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.

DATE

SIGNATURE

Signature of typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PAUL FUSILLO
1416 S. Harbor City Blvd..
Melbourne, FL 32901

13.
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
PAUL FUSILLO
1416 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
DULCIE ANN FUSILLO
1416 S. Harbor City Blvd.
Melbourne, FL 32901

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SECRETARY
DULCIE ANN FUSILLO
1416 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), Florida Statutes. I further certify that the information provided 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, changed, or not in Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Fusillo

04/06/95

407-723-2941

0000024 FP

795000000090

LAW OFFICES

MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.

ONE INDEPENDENT DRIVE - SUITE 3000
JACKSONVILLE, FLORIDA 32202

MAILING ADDRESS:
POST OFFICE BOX 98
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 384-2030
TELECOPIER (904) 384-2842

JAMES L. ADE
LYNDA B. AYDOCH
W. D. BIRCHFIELD
TIMOTHY A. BURLINCH
CHARLES L. CRANFORD
PHILLIP A. DELMONT
STEPHEN H. DURANT
T. WILLIAM GLOCKER
MICHAEL E. GODFREY, JR.
STEPHEN D. HALLER
SHARON ROBERTS HENDERSON

BARBARA CHRISTY JOHNSON
WILHELMINA F. KENTLANDER
MYRA LOUGHEAN
RALPH H. MARTIN
ROBERT G. MICKLER
JOHN D. MILTON, JR.
DANIEL B. RYAN, JR.
SCOTT S. SCHILBERS
MICHAEL S. WHALEN
GARY L. WILKINSON
L. PETER JOHNSON (1942-1988)

July 2, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Not On Your Life, Inc.

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-07/07/97--01157--014
*****35.00 *****35.00

To Whom It May Concern:

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been prepared on behalf of Not On Your Life, Inc. I also enclose our firm check in the amount of \$35.00 for fees related to this request. Please send confirmation of this request to change registered agent to my attention at your convenience.

If you have any questions, please contact me.

Very truly yours,

John D. Milton, Jr.
John D. Milton, Jr.

JDMJr/hw
Enclosures

FILED
97 JUL -7 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See 7/10

R.A. Change

Florida Department of State, Sandra B. Mertham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Not On Your Life, Inc.
2. The mailing address of the corporation is: One Independent Drive, Suite 3000
Jacksonville, Florida 32202
3. Date of incorporation/qualification: Jan. 3, 1995 Document number: P95000000090
4. The name and address of the current registered agent and office:
Norma W. McCormick
One Independent Drive, Suite 3000
Jacksonville, Florida 32202
5. The name and address of the new registered agent and office: (P.O. Box Not Accepted)
Georgilette Jamison-Johnson
One Independent Drive, Suite 3000
Jacksonville, Florida 32202

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

6-27-97
(Date)

Paul Fusillo: President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

6-27-97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
JUL - 7 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA