**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000015096 (7)**

1. Corporation Name

**JACKSONVILLE ENT NETWORK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3599 UNIVERSITY BLVD. SOUTH<br>SUITE 502<br>JACKSONVILLE FL 32216 | 3599 UNIVERSITY BLVD. SOUTH<br>SUITE 502<br>JACKSONVILLE FL 32216 |

3. Date Incorporated or Qualified: **02/15/1995**
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3627 University Blvd. S. | 26 3627 University Blvd. S. |
| Suite, Apt. #, etc.<br>22 #210 | Suite, Apt. #, etc.<br>27 #210 |
| City & State<br>23 Jacksonville, FL | City & State<br>28 Jacksonville, FL |
| Zip: 24 32216 Country: 25 Duval | Zip: 29 32216 Country: 30 Duval |

4. FEI Number: 59-3294977 — 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

**HOCHMAN, RALPH J**
**6055 ST. AUGUSTINE RD.**
**JACKSONVILLE FL 32217**

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 607.0505 and 607.1504, 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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | Beck, Richard ☒ Change ☐ Addition |
| NAME | BECK, RICHARD A | | 1.2 NAME | |
| STREET ADDRESS | 3599 UNIVERSITY BLVD. S. #502 | | 1.3 STREET ADDRESS | 3627 University Blvd., S. Suite 210 |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | | 1.4 CITY-ST-ZIP | Jacksonville, FL 32216 |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | RIEGLER, RANDALL A | | 2.2 NAME | |
| STREET ADDRESS | 836 PRUDENTIAL DR. #1505 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Richard A. Beck MA — Richard A. Beck, MA — 7-15-96 — 904-399-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number