## 2000 UNIFORM BUSINESS REPORT (UBR) Jan 12, 2000 8:00 am DOCUMENT # **P95000015600** 1. Entity Name **Secretary of State** JOHNSTON, HAMMOND & BURNETT, P.A. 01-12-2000 90051 050 \*\*\*150.00 Principal Place of Business Mailing Address 200 w koreyth st 200 w koaksyth st SUITE 1120 Suite 1360 Jacksønville fl 32202-4359 Principal Place of Business One Independent Drive ndenendent Drive DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3294360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Duval 32202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSTON, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 1726 CHALLEN AVE JACKSONVILLE FL 32205 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete Change TITLE JOHNSTON, CHARLES M STREET ADDRESS 1726 CHALLEN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl VPSD Delete Change Addition TITLE NAME HAMMOND, ADA A STREET ADDRESS 2348 SEMINOLE REACH CT STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP atlantic Beach Fl ☐ Change Addition ☐ Delete TITLE TITLE NAME BURNETT, MICHEAL G NAME STREET ADDRESS STREET ADDRESS 2242 MILLER OAKS CRT CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32217 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pretary Ada A. Hannon

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