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

FILED
96 AUG 23 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036847 (8)

1. Corporation Name
ENTERPRISE INVESTMENTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
999 RAVINE STREET NO. JACKSONVILLE FL 32259	999 RAVINE STREET NO. JACKSONVILLE FL 32259

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report: n/A

2. Principal Place of Business
21: 14030 mandarin oaks Ln
22: Suite, Apt #, etc.:
23: City & State: Jacksonville Florida
24: Zip: 32223 — 25: Country: Duval

2a. Mailing Address
26: 14030 mandarin oaks Ln
27: Suite, Apt #, etc.:
28: City & State: Jacksonville Florida
29: Zip: 32223 — 30: Country: Duval

4. FEI Number: 59-3313476 ☐ 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

JOHNIGEAN, CHERYL L
999 RAVINE STREET NO.
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name: Cheryl L Johnigean
82 Street Address (P.O. Box Number is Not Acceptable): 14030 mandarin oaks Lane
83
84 City: Jacksonville FL 85 Zip Code: 32223

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] — DATE: 8-23-96

12. OFFICERS AND DIRECTORS

TITLE	D	
NAME	JOHNIGEAN, CHERYL L	
STREET ADDRESS	~~999 RAVINE STREET NO.~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32259~~	
TITLE	D	
NAME	JOHNIGEAN, MICHAEL J	
STREET ADDRESS	~~999 RAVINE STREET NO.~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32259~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	Cheryl L Johnigean	
1.3 STREET ADDRESS	14030 mandarin oaks Lane	
1.4 CITY-ST-ZIP	Jacksonville, Florida 32223	
2.1 TITLE	D	☑ Change ☐ Addition
2.2 NAME	Michael J Johnigean	
2.3 STREET ADDRESS	14030 MANDARIN OAKS LANE	
2.4 CITY-ST-ZIP	JACKSONVILLE, Florida, 32223	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900001934409
-08/28/96--01058--016
****225.00 ****225.00

8/27/96

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: [signature] Cheryl Johnigean — Date: 8-23-96 — Daytime Phone #: 904 635 5780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR