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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 16 AM 11:51

DOCUMENT # P95000040419 (0)

1. Corporation Name

FREEDOM CENTRE GROUP, INC.

Principal Place of Business	Mailing Address
8375 DIX ELLIS TRAIL. SUITE ~~107~~ 104 JACKSONVILLE FL 32256	8375 DIX ELLIS TRAIL. SUITE ~~107~~ 104 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report: INC. DATE

4. FEI Number: 59-3312224 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 104	Suite, Apt. #, etc.: 27 104
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

ENOCHS, SANDRA L
8375 DIX ELLIS TRAIL, SUITE ~~107~~ 104
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE # 104
84 City FL 85 Zip Code

1 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.

Sandra L Enochs 6/12/96
Signature, typed or printed name of registered agent and title if applicable — DATE

S: (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEELER, PARK L 4076 CORRIENTES COURT S. JACKSONVILLE FL 32217	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, JOHN E 3890 DUPONT CIRCLE JACKSONVILLE FL 32205	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENOCHS, SANDRA L 1574 PALM AVENUE JACKSONVILLE FL 32207	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE V/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	BEELER, PARK L. 8375 DIX ELLIS TRAIL, SUITE 104 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
2.1 TITLE P/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	COOK, JOHN E. 8375 DIX ELLIS TRAIL, SUITE 104 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
3.1 TITLE S 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ENOCHS, SANDRA L. 8375 DIX ELLIS TRAIL, SUITE 104 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

700001897811
-07/18/96--01033--005
****8.75 ****8.75

700001897807
-07/18/96--01033--004
****225.00 ****225.00

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

SIGNATURE: John E Cook 6/10/96 (904) 363-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #