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

DOCUMENT # **P95000043051 (8)**

1. Corporation Name

JOHNS CREEK II, INC.

Principal Place of Business	Mailing Address
3840 CROWN POINT RD., SUITE A JACKSONVILLE FL 32257	3840 CROWN POINT RD., SUITE A JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: **05/26/1995** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **59-3319937** ☐ 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

KNOWLES, MARK A
3840 CROWN POINT RD., SUITE A
JACKSONVILLE FL 32257

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 Section 607.0502 or 1607.1502, 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 of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P/D ☒ Change ☐ Addition
NAME	COLLINS, J. DANIEL	12 NAME	
STREET ADDRESS	3840 CROWN POINT RD., SUITE A	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	14 CITY-ST-ZIP	
	☐ DELETE		
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	STOKES, E. CHESTER JR.	22 NAME	
STREET ADDRESS	3840 CROWN POINT RD., SUITE A	23 STREET ADDRESS	9551 Baymeadows Road, Suite 4
CITY-ST-ZIP	JACKSONVILLE FL 32257	24 CITY-ST-ZIP	
	☐ DELETE		
TITLE		31 TITLE	V/T ☐ Change ☒ Addition
NAME		32 NAME	Knowles, Mark A.
STREET ADDRESS		33 STREET ADDRESS	3840 Crown Point Road, Suite A
CITY-ST-ZIP		34 CITY-ST-ZIP	Jacksonville, FL 32257
	☐ DELETE		
TITLE		41 TITLE	V/S ☐ Change ☒ Addition
NAME		42 NAME	Holland, Beverly J.
STREET ADDRESS		43 STREET ADDRESS	3840 Crown Point Road, Suite A
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville, FL 32257
	☐ DELETE		
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
	☐ DELETE		
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true, and that this report 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: *Mark A. Knowles* Mark A. Knowles, V.P. 2/22/96 904-268-8500

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