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 # **P95000045472 (4)**

1. Corporation Name

FERRELL HOLDINGS, INC.

Principal Place of Business
4655 SALISBURY RD., SUITE 390
JACKSONVILLE FL 32256

Mailing Address
4655 SALISBURY RD., SUITE 390
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: **06/06/1995**
3a. Date of Last Report:

4. FEI Number: 59 - 3324638 — 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
21 10151 Deerwood Park Blvd
Suite, Apt. #, etc.
22 Bldg 100 Suite 200
City & State
23 Jacksonville FL
Zip 24 32256 Country 25

2a. Mailing Address
26 Same as place of business
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
4655 SALISBURY RD., SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10151 Deerwood Park Blvd
83 Bldg 100, Suite 200
84 City Jacksonville FL 85 Zip Code 32256

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 (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required in 10a.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	FERRELL, R. ERNEST JR.
STREET ADDRESS	4655 SALISBURY RD., SUITE 390
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	D ☐ DELETE
NAME	KOEGLER, STEVEN C
STREET ADDRESS	4655 SALISBURY RD., SUITE 390
CITY-ST-ZIP	JACKSONVILLE FL 32256
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	DP ☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100
1.4 CITY-ST-ZIP	Suite 200
2.1 TITLE	DS ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100
2.4 CITY-ST-ZIP	Suite 200
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	☐ Change ☐ Addition
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	

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 attached list with an address.

SIGNATURE: Steven C Koegler Secretary 4/2/96 904-998-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
Steven C. Koegler

CR2E034 (12/95)