SKY HARBOR JACKSONVILLE FL 32225 JACKSONVILLE FL 32245-6247 JACKSONVILLE FL 32225 3. Maining Address Suite, Apil. #, etc. 1st MOORE CR2E034 (10// City & State Suite, Apil. #, etc. 1st MOORE CR2E034 (10// City & State City & State City & State 4. FEI Number 59-3561795 5. Zip Country Zip Country 8. Certificate of Status Desired Maining Address B A. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent REYNOLDS, LOU J 855 S UNIVERSITY DR SUITE 198 DAVIE FL 33328 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FLE NOWIII FEE IS \$150.00°. City Election Campaign Financing Trust Fund Contribution Offic Atter May, 12006 Fee Will Be 350.00°. Intel Mark Check Paralate to Findia Department of State Intel Mark Control of Contribution Offic Name Dottock Paralate to Findia Department of State Intel Mark Control of C	Applied F Not Appli 5 Additional equired
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 Juille Apt. #, etc. 1st MOORE CR2E034 (10/// 59-3561795 Zip Country Zip Country S. Certificate of Status Desired State Zip Country Zip Country S. Certificate of Status Desired State B. Nome and Address of Current Registered Agent T. Name and Address of New Registered Agent Name REYNOLDS, LOU J 855 S UNIVERSITY DR SUTE 198 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Provide agent. Name Street Address (P.O. Box Number is Not Acceptable) Street Address of Provide agent. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Provide agent. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Provide agent. Div FL Zip Street Address of Provide agent. PtC Ingester Agent agent. Dottor Provide agent. Street Address Street Address Street Agent agent. Dottor Provide agent. Data Street Address Street Agent agent. Dottor Provide agent.	Applied F Not Appli 5 Additional equired
2 Philotpal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, A	Applied F Not Appli 5 Additional equired
City & State City & State 4. FEI Number 59-3561795 Zip Country 2/p Country 5. Certificate of Status Desired 58.7 Zip Country 5. Certificate of Status Desired 58.7 58.7 Reproducts Name and Address of Durrent Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent REYNOLDS, LOU J Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SUITE 198 DAVIE FL 33328 Street Address (P.O. Box Number is Not Acceptable) City FL Zi 6. 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. Lam tamila DATE be abligations of registered agent. POE Registered Agent segment registered agent, or both, in the State of Florida. Lam tamila DATE SIGNATURE Image Agent of provide tagent agent of states Image Address of Poe Number is Not Acceptable) DATE SiGNATURE Image Address State Image Address of Poe Number is Not Acceptable) DATE After Mary 1, 2006 Fee Will Be 5550 and Image Address of Const Number is Not Acceptable) DATE Make Check Parabal by End Address	Applied F Not Appli 5 Additional equired
City & State City & State Chi & State 4. FEI Number 59-3561795 Zip Country 2.0 Country 5. Certificate of Status Desired 58.7 Zip Country 5. Certificate of Status Desired 58.7 58.7 ReyNOLDS, LOU J 855 S UNIVERSITY DR Surfer Lobes Name and Address of New Registered Agent Name SUTE 198 DAVIE FL 33328 Street Address (P O Box Number is Not Acceptable) City FL Zi 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. Lam tamila Name Make Check Payloties to plorida power agen and the abobate IPOTE Represent Agen signation repared agent, or both, in the State of Florida. Lam tamila DATE Filter Mowy 11, 2005 Fee Will Be SSS0.00 Inter Moys 1, 2005 Fee Will Be SSS0.00 Inter Moys 1, 2005 Fee Will Be SSS0.00 DATE Make Check Payloties to Florida Department for State Inter Moys 1, 2005 Fee Will Be SSS0.00 Inter Moys 1,	Applied F Not Appli 5 Additional equired
Zip Country Zip Country S. Certificate of Status Desired Agent R Name Name Name Name Name Name Status Desired Agent R 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. Lam familia Chy FL Zip SIGNATURE Status Desired persentations of registered agent. (POTE Registerd Agent spottare record area spottare) Date SIGNATURE State Marke Status (POTE Registerd Agent spottare record agent spottare) (POTE Registerd Agent spottare) Date SIGNATURE State Marke Status OPTICERS AND DIRECTORS 11. PO Date Date Atter May 1, 2006 Fee Will Big Status Do Directores 11. PO Status Desired Agent Spottare State Address Gr CoFFICERS AND DIRECTORS 11. ADAphrsord, WULingm L - State Notes	Not Appli 5 Additional equired
B. Certificate of Status Desired Concernent Registered Agent C. Name and Address of Current Registered Agent C. Name and Address of Current Registered Agent C. Name and Address of New Registered Agent Name Suffer 198 DAVIE FL 33328 City FL Street Address (P.O. Box Number is Not Acceptable) Suffer 198 DAVIE FL 33328 City FL Zi Zi City FL Zi Zi City FL Zi Zi City FL Zi Zi Zi City FL Zi Zi Zi Zi City FL Zi	5 Additional equired
e. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYNOLDS, LOU J B85 S UNIVERSITY DR SUITE 198 DAVIE FL 33238 Name e. 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. I am familia City e. 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. I am familia DATE SIGNATURE Sealure Agent agent of genered agent. MOTE Regenered Agent regenere agent, or both, in the State of Florida. I am familia SIGNATURE Sealure Agent agent of genered agent. MOTE Regenered Agent regenere agent, regenere agent, or both, in the State of Florida. I am familia SIGNATURE Sealure Agent State of Florida Department of state MOTE Regenered Agent spanner regenere agent, regenere agent, regenere agent, or both, in the State of Florida. I am familia SIGNATURE PD Its agent of state agent, regenere agent, regenere agent, regenere agent, or both, in the State of Florida. I am familia Mate Check Paysitals to Florida Department of state Inter Agent spanner agent regenere agent, regenere	
REYNOLDS, LOU J 865 S UNIVERSITY DR SUITE 198 DAVIE FL 33328 Name Street Address (P.O. Box Number is Not Acceptable) FL City FL City FL City FL City FL City FL Street Address (P.O. Box Number is Not Acceptable) City FL City FL City FL City FL Street Address (P.O. Box Number is Not Acceptable) City FL City FL Street Address (P.O. Box Number is Not Acceptable) City FL City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable)) Code
855 S UNIVERSITY DR SUITE 198 DAVIE FL 33328 Street Address (P.O. Box Number is Not Acceptable) City FL Zit City City City City City Date Sideal Address (PO: Box Number is Not Acceptable) Date Sideal Address (PO: Box Number is Not Acceptable) Date City FL Zit City City FL Sideal Addres (Po: Address (PO: Dideal Address (PO: Dideal) Code
SUITE 198 DAVIE FL 33328 City FL Zit City FL Zit B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiat the obligations of registered agent. Onte FL Zit SIGNATURE Benature, types of primed fumit and ingenerative of appendent agent and ingenerative of agent agent, or both, in the State of Florida. Lam familiat Onte Onte SIGNATURE Benature, types of primed fumit and ingenerative of agent a	Code
City FL 2i 3. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar the obligations of registered agent. 30 IGNATURE Image: State of Point and Control of registered agent. 0 IGNATURE Image: State of Point and Control of registered agent. 0 IGNATURE Image: State of Point and Control of Registered Agent social of control of State. 9. Election Campaign Financing Trust Fund Contribution. Image: Check Payable to Florida Department of State. Image: State of Point and Contribution. 0 0 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Image: Note of Point and Point and State of Point and Point and State. Image: State of Point and Po	Code
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. I am familia the obligations of registered agent. SIGNATURE The E-NOW III FEE IS \$150.00 CHECKEN Payable to Florida Department of state PO After May 1, 2006 Fee Will Be \$550.00 CHECKEN Payable to Florida Department of State PO After May 1, 2006 Fee Will Be \$550.00 CHECKEN Payable to Florida Department of State O CHECKEN Payable to Florida Department of State O CHECKEN AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Inte MAKE HAFFIELD, WILLIAM S S55 ST JOHNS BLUFF ROAD ITTLE JACKSONVILLE FL 32225 ITTLE VD AME JOHNSON, JEFFREY A MAKE JOHNSON, JEFFREY A MAKE JOHNSON, JEFFREY A MAKE MCCALL, RICK MAKE MCCALL, RICK MAKE ITTLE MAKE	
The obligations of registered agent. SIGNATURE Determined name of ingretured agent and life # apobacities FILE NOW !!! FEE IS \$150.00? INTERCIPE TO SERVICE IN SECTIONS INTERCIPE NOW !!! FEE IS \$150.00? INTE MATCH CONTINUES INTERCIPENTION SCIENCES INTERCIPENTION S	
CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP ITTLE VD Delete TiTLE CITY-ST-ZIP IAME JOHNSON, JEFFREY A NAME STREET ADDRESS 855 ST JOHNS BLUFF RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE STD Delete MAME MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STREET ADDRESS STREET ADDRESS NITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STREET ADDRESS STREET ADDRESS NITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS ITTY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS ITTY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTE Delete TITLE NAME STREET ADDRESS STREET ADDRESS ITTY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP ITTLE VD Delete TiTLE CITY-ST-ZIP IAME JOHNSON, JEFFREY A NAME STREET ADDRESS 855 ST JOHNS BLUFF RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE STD Delete MAME MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STREET ADDRESS STREET ADDRESS NITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STREET ADDRESS STREET ADDRESS NITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS ITTY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS ITTY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTE Delete TITLE NAME STREET ADDRESS STREET ADDRESS ITTY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
HAME JOHNSON, JEFFREY A NAME B55 ST JOHNS BLUFF RD STRET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP ITLE STD Delate ITLE MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STRET ADDRESS ITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITLE MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STRET ADDRESS GITY-ST-ZIP ITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITLE Delete TITLE NAME STRET ADDRESS STRET ADDRESS ITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
ITREET ADDRESS 855 ST JOHNS BLUFF RD STREET ADDRESS ITLE STD Delete ITLE STD Delete ITLE MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STREET ADDRESS STREET ADDRESS ITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ITTE Oelete TITLE ITTE Oelete TITLE ITTE Oelete TITLE ITT-ST-ZIP Oelete TITLE ITTE OELETE OELETE <td>inge 🔲 Ad</td>	inge 🔲 Ad
Inte STD Delete TITLE Inte	
MAME MCCALL, RICK NAME B55 ST JOHNS BLUFF RD STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP ITLE IDelete TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	
TREET ADDRESS ITY-ST-ZIP 855 ST JOHNS BLUFF RD JACKSONVILLE FL 32225 STREET ADDRESS CITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP IDelete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTE Delete ITTE DELET ITTE ITTE <td>inge 🔲 Ad</td>	inge 🔲 Ad
TILE CREET ADDRESS CTTY-ST-ZIP	
AME IREET ADDRESS IREET ADDRES IREET ADDRESS IREET ADDRES I	inge 🗋 Ac
ITY-ST-ZIP CITY-ST-ZIP TIF Delete TIFE CITY-ST-ZIP CIT	
TIF THE THE CHARTER CONTRACT OF CONTRACT ON CONTRACT OF CONTRACT.	
NAME NAME STREET ADDRESS	ingeAc
TLE Delete ITTLE Ch	
AME NAME TREET ADDRESS STREET ADDRESS	inge 🗌 Ad
CITY-ST-ZIP	snge 🗌 Ad
2. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that 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 gath; that I am and	inge 🗌 Ad
2. Prefetby certain the information supplements the analysis in the grade data with the same legal effect as if made under outly that an an of the corporation or the receiver or trustee endpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bloc if changed, or on an attachment with an appears, with all other like empowered.	the informat
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DI/23/2006 904 621 Data Dayture Ph	the informat