FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070286 (6)

AKRA INVESTMENTS COMPANY II

Principal Place of Business Mailing Address 3216 HENDRICKS AVENUE 3216 HENDRICKS AVENUE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-4220 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3333938 Not Applicable 26 Suite Apt. #. etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm IP}$ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAWFORD, JOHN R 225 WATER STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 900 83 JACKSONVILLE FL 32202 Zip Code 11. Pursuant to the previsions 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 holfs, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature: typic dior printed harne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition THE AKRA, VINCENT JR. 1.2 NAME NAME 3216 HENDRICKS AVENUE 1.3 STREET ADDRESS STREET ADDRESS. JACKSONVILLE FL 32207 14 CITY-ST-ZIP DELETE Addition 21 TITLE Change 100 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP C!TY - ST. ZiP DELETE Addition Change THE 3.1 FITLE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TILL 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-\$7-ZIP CITY-ST-2if Addition DELETE Change TITLE 5.1 TATLE 5.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this agriculture and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an applicability of the corporation of

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STHEFT ADDRESS DITY ST-7-P

STREET ADDRESS CITY ST-701

THLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

april 30, 1997

FILED

May 13 1997 8:00am

Secretary of State

904-396-3388 Daytime Priorie #

Change

Addition

0032257