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 # P95000079261 (0)

1. Corporation Name

THE ROYAL LINEAGE, INC.

Principal Place of Business	Mailing Address
11039 TRACI LYNN DR. JACKSONVILLE FL 32218	11039 TRACI LYNN DR. JACKSONVILLE FL 32218

3. Date Incorporated or Qualified: 10/12/1995
3a. Date of Last Report:
4. FEI Number: 59-3343087 ☐ 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 9378 Arlington Exp St 348
Suite, Apt. #, etc.
22 348
City & State
23 JAX, FL
Zip 24 32225 Country 25 U.S.A

2a. Mailing Address
26 9378 Arlington Exp
Suite, Apt. #, etc.
27 STE 348
City & State
28 JAX, FL
Zip 29 32225 Country 30 U.S.A.

9. **Name and Address of Current Registered Agent**

FRAZIER, SONJA R
11039 TRACI LYNN DR.
JACKSONVILLE FL 32218

10. **Name and Address of New Registered Agent**
81 Name: Sonja Frazier
82 Street Address (P.O. Box Number is Not Acceptable): 9378 Arlington Exp Ste 348
83
84 City: JAX **FL** 85 Zip Code: 32225

11. Pursuant to the provisions of Section 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City-St-Zip	Change	Addition
1	C/P/CEO	Sonja R. Frazier	11039 Traci Lynn Dr	JAX FL 32218	☒	☐
2	V/D	Dr. Debra M. Williams	9378 Arlington Exp #348	JAX FL 32218	☐	☒
3	V/D	Dr. Carolyn B. Love	9378 Arlington Exp #348	JAX FL 32218	☐	☒
4	S	Sharon Hanna-Stukes	9378 Arlington Exp Ste 348	JAX FL 32218	☐	☒
5					☐	☐
6					☐	☐

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 attachment with an address.

SIGNATURE: [signature] Sonja Frazier — 4/22/96 — 725-4447 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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