

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000093916 (1)**

1. Corporation Name  
**2502 ROCKY POINT DRIVE INC.**

Principal Place of Business

**1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE FL 32308  
US**

Mailing Address

**1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE FL 32308  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>1801 Hermitage Blvd.</b>	26 <b>1801 Hermitage Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>600</b>	27 <b>600</b>
City & State	City & State
23 <b>Tallahassee, FL</b>	28 <b>Tallahassee, FL</b>
Zip	Zip
24 <b>32308</b>	29 <b>32308</b>
Country	Country
25 <b>US</b>	30 <b>US</b>

3. Date Incorporated or Qualified

**12/11/1995**

4. FEI Number  
**36-4057655**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TODD, DAVID E  
1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
85 Zip Code

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
<b>D</b>	<b>VA</b>
<b>BENNETT, DOUGLAS W</b>	<b>Luanne K. Good</b>
<b>1801 HERMITAGE BOULEVARD</b>	<b>1801 Hermitage Blvd.</b>
<b>TALLAHASSEE FL 32308</b>	<b>Tallahassee, FL 32308</b>
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
<b>D</b>	<b>DVAS</b>
<b>MILLER, TODD A</b>	<b>James W. Horton</b>
<b>1801 HERMITAGE BOULEVARD</b>	<b>1801 Hermitage Blvd.</b>
<b>TALLAHASSEE FL 32308</b>	<b>Tallahassee, FL 32308</b>
<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
<b>VAS</b>	<b>D</b>
<b>BURDI, THOMAS M</b>	<b>Jeffrey L. Smith</b>
<b>180 N. LASALLE STREET</b>	<b>1801 Hermitage Blvd.</b>
<b>CHICAGO IL 60601</b>	<b>Tallahassee, FL 32308</b>
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
<b>S</b>	<b>VS</b>
<b>NOELL, JOHN W</b>	<b>John W. Noell</b>
<b>180 N. LASALLE STREET</b>	<b>180 N. LaSalle Street</b>
<b>CHICAGO IL 60601</b>	<b>Chicago, IL 60601</b>
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
<b>VAS</b>	
<b>SMITH, ROGER E</b>	
<b>180 N. LASALLE STREET</b>	
<b>CHICAGO IL 60601</b>	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP
<b>P</b>	
<b>EDELMAN, HOWARD J</b>	
<b>180 N. LASALLE STREET</b>	
<b>CHICAGO IL 60601</b>	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: Douglas W. Bennett, Director



2/25/98 850-488-4406

CR2E034 (10/97)