

FILED



Jan 23 1997 8:00am  
Secretary of State

1. Corporation Name: **MDP INC. OF JACKSONVILLE**

**Mailing Address**  
**445 STATE ROAD 13 NORTH**  
**#268**  
**JACKSONVILLE FL 32259-3838**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**10. Name and Address of New Registered Agent**

<b>FI</b>	<b>85</b>	Zip Code
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DATE \_\_\_\_\_

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/96)