

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 28 PM 2:56

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069434 (4)

1. Corporation Name

DIGI INVESTMENTS, INC.



Principal Place of Business

Mailing Address

7800 BELFORT PARKWAY  
JACKSONVILLE FL 32256

7800 BELFORT PARKWAY  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/20/1996

4. FEI Number

Applied For

ap-3457445

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, T MALCOLM  
ONE INDEPENDENT DR, SUITE 2000  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Edward B. Salem	
STREET ADDRESS	7800 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Catherine J. Gray	
STREET ADDRESS	7800 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Senior Vice President	<input type="checkbox"/> DELETE
NAME	Craig W. Olson	
STREET ADDRESS	7800 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Assistant Vice President	<input type="checkbox"/> DELETE
NAME	Carl W. Cline	
STREET ADDRESS	7800 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Controller	<input type="checkbox"/> DELETE
NAME	Susie H. Turvey	
STREET ADDRESS	7800 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Sharon S. Toomey	
STREET ADDRESS	7800 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32256	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002332883--1  
-10/29/97-01095-003  
\*\*\*\*\$550.00 \*\*\*\*\$550.00

14. I do hereby certify that the information provided in this report 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: Catherine J. Gray

7/16/97

62 10-28-97

CR2E034 (4/97)

RIVERSIDE GROUP, INC.

(2)

October 27, 1997

Mr. Shawn Logan  
409 E. Gaines Street  
Tallahassee, Florida 32399

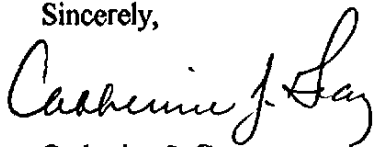
Dear Mr. Logan:

Attached is the check for \$550.00 for the Profit Corporation Annual Report for 1997. The original check was sent by mistake to the Florida Department of Revenue, 5050 W. Tennessee Street, which we explained in the previous letter dated October 20, 1997, which you have in hand .

Per your conversation with our office we understand you will reinstate the corporation without penalty. Please handle this as soon as possible due to the corporation name change request.

Your speedy handling of this request will be appreciated.

Sincerely,



Catherine J. Gray  
Vice President

CJG:alp