2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P96000084295 1. Entity Name 04-15-2004 90016 033 ***150.00 VCP-KERNAN, INC. Principal Place of Business Mailing Address 3020 HARTLEY ROAD 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257 SUITE 300 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FÉI Number City & State City & State Applied For 59-3416912 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE DC Change Addition ROOD, JOHN D NAME NAME Rood, John D. 3020 HARTLEY ROAD SUITE 300 STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32257 TITLE Delete Change TITLE ☐ Addition FARRELL, MARK T NAME NAME Farrell, Mark T. 3020 HARTLEY ROAD SUITE 300 STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP Jacksonville, FL 32257 ☐ Delete ☐ Addition 317) E VST TITLE NAME MORGAN,-WILL-STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD SUITE 300 CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

_William L. Morgan

March 17, 2004 (904) 260-3030 Daytime Phone #

FILED