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PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
99 JUL 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030034

1. Corporation Name

BLANE, STEVENS & Kellogg, INC.

Principal Place of Business	(NEW) Mailing Address
13456 TROON TRACE LN. #100 JACKSONVILLE, FL 32225	13456 TROON TRACE LN Suite #100 JACKSONVILLE, FL 32225

REINSTATEMENT 98-99

3. Date Incorporated or Qualified: 41297

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3439184	Applied For / Not Applicable
21 13456 TROON TRACE LN.	26 13456 TROON TRACE LN.		
22 State Apt. #, etc: 100	27 State Apt. #, etc: 100	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: JACKSONVILLE, FL	28 City & State: JACKSONVILLE, FL 32225	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32225 25 Country: DUVAL, US	29 Zip: 32225 30 Country: DUVAL, US	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

STEVEN B. Highfill, CPC
13456 TROON TRACE LN.
JACKSONVILLE, FL 32225

10. Name and Address of New Registered Agent

81 Name: STEVEN B. HIGHFILL, CPC
82 Street Address (P.O. Box Number is Not Acceptable): 13456 TROON TRACE LN.
83 Suite 100
84 City: JACKSONVILLE FL 85 Zip Code: 32225

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: STEVEN B. HIGHFILL, CPC Steven B. Highfill 7-15-99
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required for reinstatement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT, CEO, Chairman ☒ Change ☐ Addition STEVEN B. HIGHFILL, CPC 13456 TROON TRACE LN, Suite 100 JACKSONVILLE, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR ☐ Change ☒ Addition Paul J. Healy, Esq. 13456 TROON TRACE LN, Suite 100 JACKSONVILLE, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600002949006 ☐ Addition -07/30/99--01049--006 ****900.00 ****900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

7/21/99

SIGNATURE: Steven B. Highfill STEVEN B. HIGHFILL 7-15-99 (904)296-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number