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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90166 025 ***150.00

DO NOT WRITE IN THIS SPACE

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1. Corporation Name

Shircliff Family Corp.

Principal Place of Business

Mailing Address

2511 Memorial Avenue, Suite 301 Lynchburg, VA 24501

2. Principal Place of Business 2. Maijog Address 2. Principal Place of Business 2. Maijog Address 2. Ly Chy State 3. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. City & State 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 6. Election Campaign Financi	├ ─, '			3. Date Incorporated or Qualifed	
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Suite, Apt. #, etc. Suite, Apt. #, etc.	[21]	— PA 1215	1 10486		
City & State Corp. Country Country Country Country Country Country City			<u> </u>		
Trust Fund Contribution Added to Fees	<u> </u>		zurg	5. Certificate of Status Desired	•
Zip Country	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Personal Property Tax.				Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent F&L Corp. 200 Laura Street Jacksonville, FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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 bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Director Shircliff, Robert 7.	h, ' h		— i i ∕/ ∧		
F&L Corp. 200 Laura Street Jacksonville, FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83	[\\	30 M > 1.4	<u> </u>	
Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	9. Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New Registered	Agent
Jacksonville, FL 32202 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 Director Shircliff, Robert T.	F&L Corp.		oi Name		
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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, with all other like empowered.

SIGNATURE:

CALURE AND TYPED DEFINITED NAME OF SIGNING OFFICER OR DIRECTOR

<u> April 22</u>

<u>, 1999 (8</u>

(804) 846-1122

CR2E034 (11/98)