

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

AMENDED ANNUAL REPORT

<b>DOCUMENT #</b> P97000081391 <b>1. Entity Name</b> JACKSONVILLE HOLDINGS, INC.				<b>FILED</b> 03 JUL 10 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> ONE IMESON PARK BLVD Suite, Apt. #, etc. BUILDING 100 City & State JACKSONVILLE, FL Zip 32218		<b>3. Mailing Address</b> 3502 HENDERSON BLVD Suite, Apt. #, etc. 2ND FLOOR City & State TAMPA, FL Zip 33609		DO NOT WRITE IN THIS SPACE	
<b>4. FEI Number</b> 59-3468276		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>				<b>7. Name and Address of Current Registered Agent</b> Name WEBB, CAREY W Street Address (P.O. Box Number is Not Acceptable) 3502 HENDERSON BLVD 2nd FLOOR City TAMPA FL Zip Code 33609	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP NEWTON, W. ARIS ONE IMESON PARK BLVD BUILDING 100 JACKSONVILLE, FL 32218	TITLE	300021464363 07/10/03--01063--006 **\$61.25		
NAME	NEWTON, R. PARK III	NAME	<b>DO NOT WRITE IN THIS SPACE</b>		
STREET ADDRESS	3502 HENDERSON BLVD 2nd FLOOR	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	DCEF WEBB, W. CAREY 3502 HENDERSON BLVD 2nd FLOOR TAMPA, FL 33609	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME	THORNBROUGH, J. DANIEL	NAME			
STREET ADDRESS	4959 BAYSHORE BLVD	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS	<b>DO NOT WRITE IN THIS SPACE</b>		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME	<b>DO NOT WRITE IN THIS SPACE</b>		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
<b>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 on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> W. Carey Webb W. Carey Webb CEO 7/8/03 (813) 870-2220 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2ED34B (12/02)

JK 7/10