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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093206 (5)

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FGS-JACKSONVILLE, INC.

FILED Apr 21 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address 9140 GOLFSIDE DR., STE. 3 SOUTH 9140 GOLFSIDE DR., STE. 3 SOUTH JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, WILLIAM L 12857 HUNTLEY MANOR DR. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32224 83 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 objections of, Section 607.0505, Florida Statutes. leted Agent signalure required when re-instaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Director & Chairman/Secretamy/gresu ☐ Change Addition TITLE NAME 1.2 NAME Huntley MANON Drive STREET ADDRESS 1.3 STHEET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP EO/President Addition TITLE 21 THUE ☐ Change Director & NAME 128,57 Huntley Thanor Drive 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHTY - ST - ZIF Change Addition 3.1 TOTLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TO LE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-S1-ZIP

14. Thereby 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 13 if changed or on an attachment with an address.