FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 07, 2001 8:00 am Secretary of State DOCUMENT # P98000058523 JOHNSON & KING, P.A. 06-07-2001 90002 016 ***550.00 Principal Place of Business Mailing Address 2211 PARK ST 2211 PARK ST 661235 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3520102 Not Applicable Zip Country Zip 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 KING, CANDYCE M Street Address (P.O. Box Number is Not Acceptable) **2211 PARK ST** JACKSONVILLE FL 32204 City 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. SIGNATURE (NOT Registered Agent's ignature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Paya le to Department of State (See criter a on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) Change ■ Addition TIFLE ☐ Delete TITLE JOHNSON, WILLIAM B NAME NAME **2211 PARK ST** STREET ADDRESS STREET ADDRLSS JACKSONVILLE FL 32204 CITY - ST-ZIP CITY - ST - ZIP vice-President Addition Delete TITLE TITLE JOHNSON, WILLIAM B NAME M. KING NAME **2211 PARK ST** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition TIFLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. I hereby sertify that the information supplied with this filing does not qualify first 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 co-poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if