2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90158 040 ***150.00

DOCUMENT # P98000058523

1. Entity Name
JOHNSON & KING, P.A.

Principal Place of Business	Mailing Address
2211 PARK ST JACKSONVILLE FL 32204 US	2211 PARK ST JACKSONVILLE FL 32204 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2219 Park St.	2219 Park St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. FEI Number 59-3520102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, CANDYCE M
2211 PARK ST
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name: Candyce M King
Street Address (P.O. Box Number is Not Acceptable): 2219 Park St.
City: Jacksonville FL Zip Code: 32204

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.

SIGNATURE: Candyce M King — DATE: 1/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, WILLIAM B 2211 PARK ST JACKSONVILLE FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William B. Johnson 2219 Park St. Jacksonville, FL 32204 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KING, CANDYCE M 2211 PARK ST. JACKSONVILLE FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Candyce M King 2219 Park St. Jacksonville, FL 32204 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candyce M King VP — Date: 1/6/03 — Daytime Phone #: 904-387-9886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR