FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90047 012 \*\*\*158.75

LEVIOL	E & COMPANY, INC.	\$***		1 10 11 10 11 11 11 11 11 11 11 11 11 11	
Principal Plac	ce of Business	Mailing Address		T JEBANDAD THE HEADD HIND RIVED BOTTO HON BY BUT BIRTH	
190 BELFORT	RD	4190 BELFORT RD			
UITE 450		SUITE 450	•		•
ACKSONVILLE S	: FL 32216	JACKSONVILLE FL 32216 US		DO NOT WRITE IN THIS SPACE	·
				3. Date Incorporated or Qualifed 01/08/1991	-
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied	d For
<u>ı İ</u>	· · · · · · · · · · · · · · · · · · ·	26		<b>59-3044895</b> Not App	<u> </u>
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additi	
2	<u> </u>	27	_ <del>_</del>	Fee Require	
_ City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May	
3		28	·	Trust Fund Contribution Added to Fe	ees'
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
4	25		30	Personal Property Tax. Yes N	No .
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
KOF	GLER, STEVEN C.		ot Name		
	51 DEERWOOD PARK BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE 410				<u> </u>	
JACKSONVILLE FL 32256			83		
JAC	NSUNVILLE FL 32230		84 City	85 Zip Code	<del></del>
			1		
11. Pursuant office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute Florida. Such change was au	es, the above-named corporation of the corporation	poration submits this statement for the purpose of changing its regis on's board of directors. I hereby accept the appointment as register	stered ered
8	•	* ;	es, the above-named corputhorized by the corporation of the statutes.	poration submits this statement for the purpose of changing its register should be directors. I hereby accept the appointment as register adverse reinstating)	stered ered
SIGNATURE		and title if applicable. (NOTE:			<u>:</u>
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	 IN 12
SIGNATURE 12. ITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature require 13.	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	. <u>.                                   </u>
SIGNATURE  12.  ITLE  AME	Signature, typed or printed name of registered agent a OFFICERS AND P . PEARCE, L. SIDNEY	and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	 IN 12
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SIGNATURE  2. TLE  AME  TREET ADDRESS  TTY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND P PEARCE, L. SIDNEY 4190 BELFORT RD, SUITE 450	and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 YITLE  12 NAME  1.3 STREET ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change	IN 12 Addit
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111. Pursuant office or agent. I a signature  122. ITTLE IAME. IAM	Signature, typed or printed name of registered agent a OFFICER'S AND P PEARCE, L. SIDNEY 4190 BELFORT RD, SUITE 450 JACKSONVILLE FL	Ind title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II Change	<u>;</u>

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # CORGO

SIGNATURE BEQUEERER FACE PARTIES NAME OF SIGNING OFFICER OF DIRECTOR

19199

9040014.4PS-100P

Daytime Phone #

00E024 (44/08)

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