FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S30521** **(6)**

1. Corporation Name

POPULUS, INC.

Principal Place of Business	Mailing Address
2117 UNIVERSITY BLVD. SO. JACKSONVILLE FL 32207	POST OFFICE BOX 10669 JACKSONVILLE FL 32247-0669

3. Date Incorporated or Qualified: **02/07/1991**
3a. Date of Last Report: **07/12/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: 32216 — Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: [redacted] — Country — 30:

4. FEI Number: **59-3052893** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, JOSEPH D
2117 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 32216

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, [illegible] 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 [illegible] of, s. 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BARCELO, BRUCE E		1.2 NAME	
STREET ADDRESS	1625 UNIVERSITY BLVD. SO.		1.3 STREET ADDRESS	2117 UNIVERSITY BLVD SO.
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	32216
TITLE	DV	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LIBBY, JOHN H		2.2 NAME	
STREET ADDRESS	1625 UNIVERSITY BLVD. SO.		2.3 STREET ADDRESS	2117 UNIVERSITY BLVD SO
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	32216
TITLE	DV	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SCHMIDT, JOSEPH D		3.2 NAME	
STREET ADDRESS	1625 UNIVERSITY BLVD. SO.		3.3 STREET ADDRESS	2117 UNIVERSITY BLVD SO
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	32216
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 3.0.96 904-724-1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #