FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)**DOCUMENT #** S60567 Corporation Name J.C. SUGGS & ASSOCIATES, INC. Mailing Address Principal Place of Business 2712 NORTH PACE BLVD. 2712 NORTH PACE BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1995 06/14/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3041280 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Ζ·ρ Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHIMEK, ARTHUR A. 82 223 EAST GOVERNMENT STREET 83 PENSACOLA FL 32501 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (12/95)#XPF Registros/LAge Lagrature required when minutate g Signature, typed or contest name of registerest agent and the Pappication ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Addition ☐ Change DELETE 1 1 Tille TIFLE CR2E034 SUGGS, JULIAN CARROLL SR NAME L3 STREET ADDRESS 2712 NORTH PACE BLVD. STREET ADDRESS 1.4 City - St - ZiP PENSACOLA FL CITY-ST-ZIF Addition Fil Change DELETE 2 1 T-TLE TiTLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIF CITY - ST - ZIP Charge: Addition DELETE 3 1 1/1 LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4.0(f) - \$1 - Z(F) CITY - ST - ZIP Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - \$1 - 7(P) City-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAMI NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY \$1-74P DITY-ST-ZIP Addition Change ... DELETE 6 1 THE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTh ST-2iP 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(4)(k). 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 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 certify 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 all attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR