SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 11:47

DOCUMENT # S64763 (3)

1. Corporation Name
GANG OF FIVE, INC.

Principal Place of Business	Mailing Address
1028 PARK STREET SUITE 3A JACKSONVILLE FL 32205 US	P O BOX 1439 SUITE 3A JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3075133 ☐ 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

BEDARD, LISA
2806 OAK STREET
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: Jonathan H. Wood Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4620 Arapahoe Ave.
84 City: Jacksonville FL 85 Zip Code: 32210-7620

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jonathan H. Wood Jr. - Jonathan Henry Wood Jr. President/Treasure 8-2-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VAS	1.1 TITLE	P/T	☑ Change ☐ Addition
NAME	BEDARD, LISA J	1.2 NAME	Jonathan H. Wood Jr.	
STREET ADDRESS	2806 OAK ST	1.3 STREET ADDRESS	4620 Arapahoe Ave	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jax, Fl 32210	
TITLE	DO	2.1 TITLE	V/S	☐ Change ☑ Addition
NAME	SCHULTZ, CLIFFORD G	2.2 NAME	Daniel W. Webb	
STREET ADDRESS	118 W ADAMS ST / STE - 3A	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jax, Fla.	
TITLE		3.1 TITLE	C	☑ Change ☐ Addition
NAME		3.2 NAME	Clifford G. Schultz	
STREET ADDRESS		3.3 STREET ADDRESS	118 W. Adams St. / Ste 3-A	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jax, Fla. 32210	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E004 (3/95)

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: Jonathan H. Wood Jr. 8-2-95 904-356-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0126100 FP