FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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Place of Business Mailing Address T ADAMS STREET 112 WEST ADAMS STREET	

FILED Apr 30 1998 8:00am Secretary of State



Principal **SUITE 1700 8UITE 1700** DO NOT WRITE IN THIS \$PACE JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 12/13/1991 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3101323 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Zip Country B. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILBUR, JOHN H. 112 WEST ADAMS STREET 82 Street Address (P.O. Box Number is Not Acceptable) Suite 1700 JACKSONVILLE FL 32202 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Statules.

SIGNATURE (NOTE Registered Agont signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition WOOLVERTON, DERICK R. NAME 1.2 NAME 970 PONTE VEDRA BLVD. STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 21 TITLE TITLE WOOLVERTON, ARNOLD R. NAME 2.2 NAM8 970 PONTE VEDRA BLVD STREET ADDRESS 2.3 STREET ADDRESS PONTE VEDRA FL CITY-ST-ZIP 2.4 CITY-\$T-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 511IILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 n address. Block 12 or Block 13 wed, or on an attachment with

11/20/00 /00/00 10:01