FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 14 AM 8:15

DOCUMENT # V01463 (1)

1. Corporation Name
A.R. LANDS, INC.

Principal Place of Business	Mailing Address
~~1301 GULF LIFE DRIVE~~ SUITE 2400 JACKSONVILLE FL 32207	~~1301 GULF LIFE DRIVE~~ SUITE 2400 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd.	26 1301 Riverplace Blvd.
22 Suite, Apt. #, etc. Suite 2400	27 Suite, Apt. #, etc. Suite 2400
23 City & State Jacksonville Fl	28 City & State Jacksonville Fl
24 Zip 32207 — 25 County Duval	29 Zip 32207 — 30 County Duval

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-3100940 ☐ 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

BROCK, RICHARD D
~~1301 GULF LIFE DRIVE~~
SUITE 2400
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd
83 Suite 2400
84 Jacksonville FL 85 Zip Code 32207

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	BROCK, RICHARD D.	1 2 NAME	
STREET ADDRESS	~~1301 GULF LIFE DR., SUITE 2400~~	1 3 STREET ADDRESS	1301 Riverplace Blvd, Suite 2400
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	
TITLE	S	2 1 TITLE	☒ Change ☐ Addition
NAME	LAFAYE, VERNON A	2 2 NAME	
STREET ADDRESS	~~1301 GULF LIFE DRIVE, SUITE 2400~~	2 3 STREET ADDRESS	1301 Riverplace Blvd, Suite 2400
CITY-ST-ZIP	JACKSONVILLE FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
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	

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] Vernon A LaFaye 3/4/95 904 396 4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0018134 CP