FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthadi ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** PATTERSON & GREEN, P.A. Mailing Address Principal Place of Business 3010 SO. THIRD ST. 3010 SO. THIRD ST. SUITE A SUITE A JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 3a. Date of Last Report 3. Date Incorporated or Qualified 04/28/1995 04/03/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3105437 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) PATTERSON, LAWRENCE R. 82 3010 SO. THIRD STREET 83 SUITE A JACKSONVILLE BEACH FL 32250 Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  $p_{k,j}(k) \cdot \text{Regions of } A_{j}(\sigma(t) \times j) \text{ of not be joint } (\kappa(t)\sigma(t)) \text{ for installing } f$ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 HILE TITLE PATTERSON, LAWRENCE R. NAME 3010 SO. THIRD ST. 1.3 SIRELT ADDRESS STREET ADDRESS JACKSONVILLE BCH FL 1.4 CHY - ST - 216 CITY-ST-ZIP ☐ Addition DELETE 2 1 TIFLE TIFLE **GREEN, SUZANNE WORRALL** 2.2 NAM: NAME 3010 SO. THIRD ST. 23 STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL 2.4 CITY - S1 - 7/8 CITY - ST-2IP Change Addition DELETE 3 1 IUILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 24P CITY - ST - ZIF Change ■ Addition DELETE 4 11 116 TITLE 4.2 NAME NAME 4.3 STREET ACORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 Title THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY ST-ZIE CITY-ST-ZIP 000001787880°° -04/21/96--01003--020 🔲 DELETE 6.111LE-TITLE

14. I do hereby certify that the information supposed with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armuli report or supplemental annual report is true and piccurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the conforation or the reserver 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 of places.

62 NAME

SIGNATURE:

NAME

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 904-247-1770

\*\*\*200.00

CR2E034 (12/95)