File Now. Filing Fee after May 1 is $225.00

2-22

CORPORATION ANNUAL REPORT 1993 - 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # V36894 (6)

PROFORMA
JUMPP & JUMPP ENTERPRISES, INC.
2157 MILLS RD
JACKSONVILLE FL 32216-5232

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 09/02/1992

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE | MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-3123853 ☐ Applied For ☐ Not Applicable

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principle Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JUMPP, PATRICIA A
2157 MILLS ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001401523
83 -02/09/95--01042--009
****208.75 ****208.75
84 City FL | 85 Zip Code | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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: Dale U Jumpp (Registered Agent Accepting Appointment) DATE 1-15-95

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	JUMPP, PATRICIA A	1.2 NAME	
1.3 ADDRESS	2157 MILLS ROAD	1.3 ADDRESS	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
2.1 TITLE	D	2.1 TITLE	REINSTATEMENT 93-95 CD
2.2 NAME	JUMPP, DALE U	2.2 NAME	CWS
2.3 ADDRESS	2157 MILLS ROAD	2.3 ADDRESS	
2.4 CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	300001401523
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	-02/09/95--01042--027
5.1 TITLE		5.1 TITLE	****575.00 ****575.00
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E043 (11/92)

14. I 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; I further 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Item 13 if changed, or on an attachment with an address.

SIGNATURE Dale U. Jumpp DATE 12-22-94

Print/Type Name of Signing Officer or Director: Dale U. Jumpp
Title(s): Secretary
Daytime Telephone Number: (904) 396-4414