

FILED
Apr 23, 2003 8:00 am
Secretary of State

0025065 AV



Mailing Address
3740 BEACH BLVD
SUITE 300
JACKSONVILLE FL 32207

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	DEMETREE, JACK C	
STREET ADDRESS	3740 BEACH BLVD., STE. 300	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DEMETREE, MARK C	
STREET ADDRESS	3740 BEACH BLVD., STE. 300	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

TITLE	AS	<input type="checkbox"/> Delete
NAME	MICKLER, ROBERT O	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 1500	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

TITLE	D	<input type="checkbox"/> Delete
NAME	DEMETREE, CHRISTOPHER C	
STREET ADDRESS	3740 BEACH BLVD	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMETREE, J.C. JR	
STREET ADDRESS	3740 BEACH BLVD	
CITY - ST - ZIP	JACKSONVILLE FL 32202	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

~~SIGNATURE~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date _____

(904) 398-7350

Daytime Phone #

CR2E034 (10/02)