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April 9, 1997

Mrs. Sandra Mortham Secretary of State The Capitol Tallahassee, Florida 32304

RE: COKER'S HANDI-VAN, INC. - CHANGE OF REGISTERED AGENT

Dear Mrs. Mortham:

Enclosed, please find an original Change of Registered Agent Form for the above-reference corporation. I also enclose my law firm's check in the amount of \$35.00 to cover this charge.

Thank you for your cooperation in this matter. If you should have any questions, please do not hesitate to contact my office.

Sincerely yours,

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CYNTHIA CROFOOT RIGNANESE, ESQUIRE

CCR/rh

Enclosures

RA Chg.

VS APR 2 1 1997.

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: COKER'S HANDI-VAN, INC.
1b. Date of incorporation OCTOBER 8, 1992 Document number V70667
2. The name and address of the current registered agent and office: WILLIE L. COKER
306 SHADY OAK AVENUE LAKE WALES, FL 33853
The name and address of the new registered agent and office: (P.O. Box Not Acceptable) BRIAN D. SOMERMAN
10 STOCKTON STREET, JACKSONVILLE, FL 32204
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Willie J. Coker
Typed or printed name and title WILLIE L. COKER, PRESIDENT/SECRETARY DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BRIAN D. SOMERMAN REGISTERED AGENT) DATE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00