SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

1. Name and Address of Reporting Person [*] DRUCE J DIX					r Name and Ticke ENCY CEN					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				1						X Dire	ector	10%	Owner				
(Last) 6622 SO	(Last) (First) (Middle) 6622 SOUTHPOINT DRIVE SOUTH				3. Date 04/29/	of Earliest Transa 2016	ction (Mo	onth/D	Day/Year)		Offie belo	cer (give title ow)	Other (specify below)				
(Street) JACKSONVILLE FL 32216					4. If Amendment, Date of Original Filed (Month/Day/Year) 05/02/2016							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
												Form filed by More than One Reporting Person					
(City)	(St	ate) ((Zip)														
		Tab	le I - Nor	n-Deriv	ative Se	curities Acq	uired,	Disp	osed of,	or Ben	eficia	ally Own	ed				
1. Title of S	Security (Inst		le I - Nor	2. Trans Date		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (ction	4. Securitie Disposed (5)	es Acquirec	l (A) or	5. Am Secu Bene Owne	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
1. Title of S	Security (Inst		le I - Nor	2. Trans Date	action	2A. Deemed Execution Date, if any	3. Transa Code (ction	4. Securitie Disposed (es Acquirec	l (A) or	nd 5. Am Secu Bene Owne Repo Trans	nount of rities ficially ed Following	Form: Direct (D) or Indirect	of Indirect Beneficial		
1. Title of S			le I - Nor	2. Trans Date	action	2A. Deemed Execution Date, if any	3. Transa Code (8)	ction Instr.	4. Securitie Disposed (5)	es Acquirec Of (D) (Instr (A) or	I (A) or : 3, 4 ai	nd 5. Am Bene Owne Repo Trans (Instr	nount of rities ficially ed Following rted saction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership		
		r. 3)	able II - C	2. Trans Date (Month/	action Day/Year) ive Sect	2A. Deemed Execution Date, if any	3. Transa Code (8) Code	ction Instr. V	4. Securitie Disposed (5) Amount Sed of, 0	Acquirect of (D) (Instr (A) or (D) r Benefi	I (A) or 3, 4 an Price	nd Secu Bene Owne Repo Trans (Instr	nount of rities ficially ed Following rted saction(s) . 3 and 4) 8,880 ⁽¹⁾	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction of Code (Instr. Deriv 8) Secu (A) of Disp of (D (Inst		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. On May 2, 2106, a Form 4 was prematurely filed reporting vesting of 2,000 shares and settlement of 159 dividend equivalent rights that were later vested in June 2016.

/s/ Michael B. Kirwan, Attorney-in-Fact for J. Dix

<u>Druce</u>

** Signature of Reporting Person Date

02/22/2017

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.