FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGE | S IN BENEFI | CIAL OWNE | RSHIP |
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| l | OMB APPRO | VAL |
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| | OMB Number: | 3235-0287 |
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| l | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name and Address of Reporting Person* FOLEY WILLIAM P II | | | | | | | | | | | | | 5. Relationship of Rep (Check all applicable) | | | porting Person(s) to Issi) 10% Ow | | | | |
|--|-------|--|--------------------------------------|---|--------------------|---|---|-------------|---|-------|--|---|--|---|--|--|---|--|------------|--|
| (Last) 601 RIVI | , | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/12/2010 | | | | | | | | Officer (give title Other (specify below) below) | | | | specify | | |
| (Street) JACKSONVILLE FL 32204 (City) (State) (Zip) | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Ti | eported ransaction nstr. 3 and | | | | (Instr. 4) | |
| Common | Stock | | | 11/12/201 | 10 | | | | A | | 339,623(1) | A | \$0.00 | | 3,928, | 103 | Γ |) | | |
| Common Stock | | | | | | | | | | | | | 2,995,122 | | I | | Folco Development Corporation | | | |
| Common Stock | | | | | | | | | | | | | 708,106 | | I | I | | Foley Family Charitable Foundation | | |
| Common Stock | | | | | | | | | | | | | 105,800.4579 | | I | | Reporting person's ESPP/401(k) accounts | | | |
| | | Та | ble | | | | | | | • | sposed of, , convertib | | | • | Owned | | , | | | |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | tive ties ed | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) Benefit Owned Follow Report | | ities Form: cially Direct (d or Indiving (I) (Instead action(s) | | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | Code V (A) | | (A) | (D) | Date Exe | e rcisab | Expiration le Date | Title | Amount or Number of Shares | | | | | | | | | |

Explanation of Responses:

1. One half of the restricted stock vests in three equal annual installments beginning on November 12, 2011. The other half of the restricted stock grant vests in three equal annual installments beginning on November 12, 2011, subject to the Company's satisfaction of certain performance criteria.

Remarks:

Goodloe M. Partee as attorney in fact.

11/16/2010

** Signature of Reporting Person

Date

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.