SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 583355 (3)

1. Corporation Name
SPECTRUM GROUP, INC.

Principal Place of Business
5111 S PINE AVE
STE M
OCALA FL 34480
US

Mailing Address
PO BOX 2736
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1978
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-1843470 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
PAGLIA, JOHN A. Jr
2272 LAUREL RUN DRIVE
OCALA FL 34471

10. Name and Address of New Registered Agent
81 Name: C.T. Corp
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 X Barbara A. Burke — BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — DATE 8-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PAGLIA, JOHN, JR.	
STREET ADDRESS	2272 LAUREL RUN DRIVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	☐ DELETE
NAME	PAGLIA, MICHAEL	
STREET ADDRESS	1122 SE 24TH TERR.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S	☒ DELETE
NAME	PAGLIA, JEAN A.	
STREET ADDRESS	1912 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☒ Change ☐ Addition
1.2 NAME	Paglia, John Jr	
1.3 STREET ADDRESS	Ste. 700, 100 W Bay Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE	VP, D	☒ Change ☐ Addition
2.2 NAME	Michael Paglia	
2.3 STREET ADDRESS	Ste. 700, 100 W Bay Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Amy C. Bybotti	
3.3 STREET ADDRESS	Ste. 700, 100 W Bay Street	
3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	900002307619--4	
4.3 STREET ADDRESS	-09/30/97--01039--006	
4.4 CITY-ST-ZIP	****550.00 ****550.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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; that I am an officer or director of the corporation or receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with any attachment with an address.

SIGNATURE: X SIGNATURE REQUIRED

CR2E031 (4/97)