## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State B8 FEB 27 PM 2: 43 1998 DIVISION OF CORPORATIONS DOCUMENT # G67254 (4) SECRETARY OF STATE
TALL MAIN AND AND A STATE PROGRESS MARKETING CONSULTANTS, INC. Principal Place of Business Mailing Address 916 LAKEBRADFORD RD. 916 LAKEBRADFORD RD. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2344010 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζφ Country Zin Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name WOLFE, LARRY S. (S) 200-A JOHN KNOX RD. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FORTSON, T C, JR NAME 1.2 NAME 916 LAKEBRADFORD RD. STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSE FL 32304 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE -02/27/98--01084--002 2,2 NAME NAME 2.3 STREET ACORESS \*\*\*\*350.00 STREET ADDRESS \*\*\*\*150.00 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TOTLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - 7)P DELETE 5.1 TITLE → Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP

14. Thereby 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CIGNATURE. TREATER TO SPAN

Block 12 or Block 13 if changed, or on an attachment with an address.

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