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CITY-ST-ZIP

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**FILED** FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (0) H17816 WELLBAUM & MCLENNON, P.A. Principal Place of Business Mailing Address 1180 S MCCALL RD 1160 S MCCALL RD SUITE B SUITE B ENGLEWOOD FL 34223 DO NOT WRITE IN THIS SPACE ENGLEWOOD FL 34223 3. Date Incorporated or Qualified 08/22/1984 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2440710 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WELLBAUM, R. W. JR. 1160 S MCCALL RD Street Address (P.O. Box Number is Not Acceptable) SUITE B 83 ENGLEWOOD FL 34223 84 Çity 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TOLE 1.1 TITLE Change Addition WELLBAUM, R.W., JR. NAME 1.2 NAME CR2E034 1160 S MCCALL RD SUITE B STREET ADDRESS 1.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 1.4 CITY - ST-ZIP \_\_\_ DELETE TITLE Change Addition 2.1 TITLE NAME MCLENNON, THOMAS P. 2.2 NAME STREET ADDRESS 1160 S MCCALL RD SUITE B 2.3 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE Additio 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 Block 12 or Block 13 if changed of organ attachment with an address.

1-13-98 941-474-324