FROM : WILLIAMS&TRAYNER 0 PHONE NO. : 1 813 229 3476

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90045 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT
[redacted] 1999

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

DOCUMENT # H60700 ✓ (2)

1. Corporation Name
PADRO F CORPORATION ✓

[redacted]

Principal Place of Business	Mailing Address
% WILL WILLIAMS 1010 EAST PLATT STREET TAMPA FL 33602	% WILL WILLIAMS 1010 EAST PLATT STREET TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1985 ✓
4. FEI Number: ~~59-1727200~~ 59-2547928 ✓ ☐ 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	2a. Mailing Address
21	26 6002 Channelside Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TAMPA FL
Zip 24 / Country 25	Zip 29 33602 / Country 30 Hillsborough

9. Name and Address of Current Registered Agent

WILLIAMS, WILL
1010 EAST PLATT STREET
TAMPA FL 33602

Change of address:

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6002 Channelside Drive
83
84 City TAMPA FL 85 Zip Code 33602

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 Will Williams 3-23-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLM, ROBERT N.		1.2 NAME		
STREET ADDRESS	1806 STAR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ZIEMAK, MARCI H.		2.2 NAME		
STREET ADDRESS	4824 KENSINGTON		2.3 STREET ADDRESS	3200 AUSTIN ST.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FINCHER, DARLENE H.		3.2 NAME		
STREET ADDRESS	4315 LEONA		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	WILLS, GLADYS H.		4.2 NAME	4204 VASCONIA ST.	
STREET ADDRESS	3200 AUSTIN ST.		4.3 STREET ADDRESS	TAMPA, FL 33629	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 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, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — 1/20/98 — 813-585-8521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0384937

4/29/99