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

FILED PROFIT Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (3) ROBERT W. WILLIAMS INC. Principal Place of Business Mailing Address 3013 MARLO BLVD. 3013 MARLO BLVD. CLEARWATER FL 34619 CLEARWATER FL 34619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1986 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2679713 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 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes □ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERTZBERG, TODD 5770 ROOSEVELT BLVD., #603 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34620** 83 84 City Zip Code 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, typical or printed name of registered agent and in a if applicable (NOTE Hogistereo Agent's greature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PDVS** DELĒTĒ TITLE 1.1 THLE Change Addition WILLIAMS, ROBERT W. NAME 1.2 NAME 3013 MARLO BLVD. STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change TITLE Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DETETE TITLE 31 TITLE Change Addition 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - S1 - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - S1 - Z(P DELETE TITLE 5.1 TITLE Change ☐ Addition NAME

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 trusted enypowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, by in an ally iching it with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

Change

Addition