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

FILED Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L28282 (6) TERRAMAR AGENCY, INC. Mailing Address Principal Place of Business % CARIDAD E. LEE % CARIDAD E. LEE 412 NE 16TH AVE. SUITE 130 412 NE 16TH AVE. SUITE 130 DO NOT WRITE IN THIS SPACE **GAINESVILLE FL 32801** GAINESVILLE FL 32601 3. Date Incorporated or Qualified 11/06/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2974478 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible ✓ Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEE, CARIDAD E. 412 NE 16TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 130 **GAINESVILLE FL 32601** 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, typed or printed name of regulered agent and lete if applicable (NCIT): Registered Agent signature required w hen reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD S DELETE Change 1.1 TITLE TITLE LEE, CARIDAD E. 12 NAME NAME 412 NE 16TH AVE, #130 STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 City - ST - ZiP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST- ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5 4 CITY - ST - ZIP Change DELETE Addition TITLE 61 TITLE

6.2 NAME

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6 3 STREET ADDRESS

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6 4 City-ST-ZiP 14. Horeby cortify 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 13 if changed, or on an attachment with an address.

NAME STREET ADDRESS

CITY-ST-ZIP