City & State

SIGNATURE

(See criteria on back)

ARGO

12850 WALSINGHAM Rd.

3. Mailing Address

Suite, Apt. #, etc

City & State

12850 Walsingham Rd

Country Pinellas 4. FEI Number *59-3658938*

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

O'CONNOR, PATRICK M ESQ C/O PATEL & O'CONNOR, P.A. 2240 BELLEAIR ROAD STE 160 CLEARWATER FL 33764

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

Zip Code FL

FILED

Secretary of State

05-10-2001 90219 020 ***158.75

DO NOT WRITE IN THIS SPACE

May 10, 2001 8:00 am

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so.

After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE BETHELL RONALD BETHELL, RONALD NAME 14320 APACHE AVE STREET ADDRESS STREET ADDRESS LARGO, FL 33774 CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition HAROLD HARTL NAME NAME 14466 KANDI CT STREET ADDRESS STREET ADDRESS. LARGO, FL 33774 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition ☐ Change NAME NAME ALISTAR ANDERSON 1304 5th Terrace NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33770 ☐ Delete D/5/T TITLE X Addition Change NAME GIEN GEIGEF 2064 DOLPHIN BIND NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Petersburg, FL 33707 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Glen E. Geiger ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Sec. 4/24/2001