FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 21 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000036336 (2) DTDT ENTERPRISES. INC. Principal Place of Business Mailing Address 1088 HAVENDALE BLVD. PO BOX 4524 WINTER HAVEN FL 33881 WINTER HAVEN FL 33885 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For DAME Not Applicable 26 65-0592486 DAME Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 囗 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. V Yes □ No 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STAMBAUGH, ROBERT J 99 SIXTH STREET, SOUTH WEST Street Address (P.O. Box Number is Not Acceptable) 82 WINTER HAVEN FL 33880 83 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME DAVIS, RICHARD L 1.2 NAME STREET ADDRESS PO BOX 4524 N/A 1.3 STREET ADDRESS WINTER HAVEN FL 33885 CITY-ST-ZIP 1,4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE DAVIS. TRYNTJE S NAME 22 NAME PO BOX 4524 N/A STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation by Block 12 or Block 13 if changed, it is a filing thes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition