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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000070044 (0)**

1. Corporation Name
3050 TAMARRON BOULEVARD INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308 US	1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7703 US

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report: 03/20/1996
4. FEI Number: 75-2559373 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHOW, HORACE II
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD, STE 600
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable): 1801 Hermitage Blvd.
83: Suite 100
84 City: Tallahassee **FL** 85 Zip Code: 32308

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 David E. Todd David E. Todd, Assistant General Counsel 1-22-97
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DOUGLAS W		1.2 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, TODD A		2.2 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD-STE 600		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PLUMLEE, DANIEL L		3.2 NAME	
STREET ADDRESS	8750 N. CENTRAL EXPWY. STE 800		3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231-6437		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, G. ANDREWS		4.2 NAME	
STREET ADDRESS	8750 N. CENTRAL EXPWY--STE 800		4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231-6437		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 (9/96)

14. I do 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 Douglas W. Bennett, Director