FILE NOW: FILING FEE IS \$61.25

TALLAHASSEE FL

CITY-ST-ZIP

SIGNATURE

Jun 16 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)FLORIDA CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 136 SO. BRONOUGH STREET PO BOX 11309 3. Date Incorporated or Qualified TALLAHASSEE FL 32302 TALLAHASSEE FL 32302-3309 07/01/1965 4. FEI Number Applied For 59-0248200 Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes **K**I No 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RYLL, FRANK M JR 82 Street 136 S. BRONOUGH ST. 83 TALLAHASSEE FL 32302 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 objections of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Age (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1,1 TiTLE RYLL, FRANK M. JR NAME 1.2 NAME 136 SO. BRONOUGH ST 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CASSELS, LEON H. NAME 2.2 NAME 136 S BRONOUGH ST. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP X DELETE Change Addition TITLE 3.1 TITLE NAME BEALL, ROBERT M. II 3.2 NAME 38th AN EAST P.O. BOX 25207 N.A. STREET ADDRESS 3 3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE GOODE, R. RAY NAME 4. 2 NAME 3600 N.W. 82 AVE. 4.3 STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE **Change** Addition TITLE 5 1 TITLE CARPENTER, EDDIE NAME 5.2 NAME BUENA VISTA P.O. BOX 10,000 N/A 5.3 STREET ADDRESS STREET ADDRESS LAKE BUENA VISTA FL CAKE BUENA VISTA CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITI F 6.1 TITLE **40000256215** -06/17/98-01008-010 WILSON, BLAKE 6.2 NAME NAME **136 S BRONOUGH STREET** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 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 617, Florida Statutes; and that my name appears in

or on an attachment with an address

H. Cassello, CFOLEON H. CASSEL

***61,25

850-425-1253

FILED