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

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #. etc.

EW

City & State

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

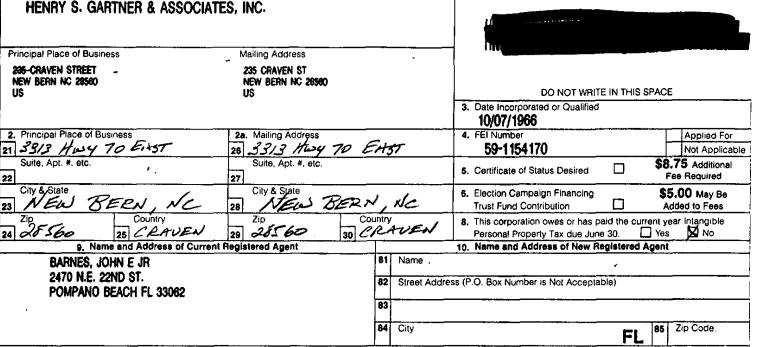
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DOCUMENT # HENRY S. GARTNER & ASSOCIATES, INC.

Principal Place of Business Mailing Address 236-CRAVEN STREET 235 CRAVEN ST NEW BERN NC 28560 NEW BERN NC 28560

FILED Mar 17 1998 8:00am Secretary of State



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.

REQUIRED NoT SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition WILLIAMS, J. KENNETH NAME 1.2 NAME 2419 TRAM ROAD STREET ADDRESS 1.3 STREET ADDRESS **NEW BERN NC** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BARNES, JOHN E JR NAME 2.2 NAME 3101 NE 27TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS LIGHTHOUSE PT, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE TAYLOR, ROBERT B JR NAME 3.2 NAME 9411 RAVEN HOLLOW RD 3.3 STREET ADDRESS STREET ADDRESS BRENTWOOD TN 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITLE 4.1 TITLE HAMMACK, HENRY W 111 NAME 4 2 NAME 4305 STEED TERRACE STREET ADDRESS 4.3 STREET ADDRESS **WINTER PARK FL 32792** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE 400002459814 -03/17/98--01076--022 BARNES, JOHN E 111 NAME 5.2 NAME P.O. BOX 5155 STREET ADDRESS 5 3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 ***165.00 CITY-ST-7IP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 automorphism an address.

[Renneth Williams] I Kenneth Williams

6.4 CITY - ST - ZIP