FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 332338 (3)STUBBS-HANNON INC Principal Place of Business Mailing Address 902 WAVERLY RD. P.O. BOX 14172 TALLAHASSEE FL 32317 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/11/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1001845 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 23**p** Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HANNON, MARK A Name 1803 DOOMAR DR 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 Zîp Code 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505. Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELLTE 1.1 IIILE Change STUBBS, L GLENN, JR NAME 12 NAME 902 WAVERLY RD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE, FL 00000 CRY-ST-7P 1.4 CITY - ST - ZIP DELETE 3.1 MILE Addition HANNON, MARK A NAME 22 NAME 1803 DOOMAR DR STREET ADDRESS 23 STREET ADDRESS TALLAHASSEE, FL 00000 CITY-ST-ZIP 2.4 City-St-ZIP DILE DELETE. 31 IIILE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET AUDRES: 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP Hitte DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAMÉ STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2P 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes I turther 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 of 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:

(35) 878-7191