FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)335590 DOCUMENT # CLEGHORN'S, INC. Principal Place of Business Mailino Address 4770 SOUTH FLORIDA AVENUE 4770 SOUTH FLORIDA AVENUE **LAKELAND FL 33813-2181** LAKELAND FL 33813-2181 3. Date Incorporated or Qualified 09/26/1968 3a. Date of Last Report 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1220540 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite Ant #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability or intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLEGHORN, DOROTHY T. Street Address (P.O. Box Number is Not Acceptable) 82 1904 DELCREST PLACE LAKELAND FL 33803 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.050? 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, typicd or pointed name of rejeters Lageur and their application CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIFFCTORS 12. Change Addition DELETE 1 1 7 1 1 5 THILE CLEGHORN, DOROTHY T. 1.2 NAME NAME 1904 DELCREST PLACE 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 14 CITY - S! - 7 P CITY - ST - ZIP Change Addition DELETE 2 1 1111.6 TITLE VERRAULT, MELISSA C. 2.2 NAME NAME 1904 DELCREST PLACE 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 2 4 CHY-ST-ZiP DITY - ST - ZIP Change Addition ☐ DELETE 3 1 THILE TIME CLEGHORN, T. JACKSON JR. 3.2 NAME NAME 2125 S. FLORIDA AVENUE 3.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 3.4 CITY - ST - ZIP CITY-S1-7IP ☐ Change Addition DELETE 4 1 TITLE TITLE T-ADDRESS CHANGE ONLY CLEGHORN, ROBERT A. 4.2 NAME CLECHORN, ROBERT A. NAME 2308 COVENTRY 4.3 STREET ADDRESS STREET ADDRESS 233 CRESCENT LAKE COURT LAKELAND FL 4 4 CITY - ST - 7IP CITY - ST - ZIP LAKELAND, FLORIDA 33813 ☐ Change ■ Addition DELETE 5 : TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C(1) - ST - ZIP City-St-ZiP ☐ Addition Change DELETE 6 1 TIFLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 chapter 3 in any illustriment with an address.

6.4 CITY - ST - ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City - ST-7/P

4/12/96 941-627-3656