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

FILED PROFIT Apr 28 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 359467 (8) BABBITT'S BINDERY, INC. Principal Place of Business Mailing Address 511 BROOKHAVEN DRIVE 511 BROOKHAVEN DRIVE ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1970 2. Principal Place of Business 20. Mailing Address 4. FEI Number Applied For 21 26 59-1287599 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BABBITT, ELWYN D. 5641 DEAN ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 85 Zip Code City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE DELETE ☐ Addition BABBITT, ELWYN D. NAME 1.2 NAME 5841 DEAN ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE BABBITT, LOIS E. NAME 22 NAME STREET ADDRESS 5641 Dean Ro 2.3 STREET ADDRESS ORLANDO FL CITY - ST - 7IP 2. 4 CITY ST-ZIP DELETE TITLE 31 TITLE Change ■ Addition BABBITT, DEWAYNE NAME 3.2 NAME 4049 ALICIA CT. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE FREEMAN, JOYCE NAME 4. 2 NAME 5201 N. INDIANA AVE. STREET ADDRESS 4.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition