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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 378809

Corporation Name

6301, INC.

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Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90060 014 ***150.00

Mailing Address Principal Place of Business 8000E ARMÉNIA AVE 8000E ARMENIA AVE TAMPA FL 33604 TAMPA FL 33604 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/16/1971 Mailing Address 4. FEI Number Applied For Principal Place of Business 2a. Not Applicable 59-1407222 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. s: Certificate of Status Desired: Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROSENTHAL, V.M., JR. Street Address (P.O. Box Number is Not Acceptable) 8000 EAST ARMENIA AVENUE 8000 N.ARMENIA AVE 82 SUITE E TAMPA, FLA 83 TAMOA, FL. 33604 33604 85 Zip Code 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.1 TITLE Change TITLE Rosenthal, JR VM ROSENTHAL, JR VM 1.2 NAME NAME RODO N. ARMENIA AVE. SUITE E. 3619 N HOWARD AVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000° TAMPA, FL. 33604 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE ROSENTHAL, TOOD K ROSENTHAL, TODD K NAME SODO N. ATMENIA AVE SHITE TAM DA FY 33604 Ε 3619 N HOWARD AVE 2.3 STREET ADDRESS STREET ADDRESS TAMPA, FL-00000 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE ROSENTHAL, MARK S. 3.2 NAME NAME 8000E ARMENIA AVE 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE ROSENTHAL, LISA A. 4. 2 NAME NAME 8000E ARMENIA AVE 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 with an address, with all other like empowered.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)