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

FILED PROFIT Jan 22 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 390195 (6) SUEDES & SUCH, INC. Principal Place of Business Mailing Address 164 JOHNS PASS BOARDWALK 164 JOHNS PASS BOARDWALK MADEIRA BCH FL 33708 MADEIRA BCH FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1971 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable <u>59-1382154</u> 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country a. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUBBARD, MICHAEL B 164 JOHNS PASS BOARDWALK Street Address (P.O. Box Number is Not Acceptable) MADEIRA BCH, FL 33708 83 84 Zip Code Crtv 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 Society 607.0505, Florida Statutes. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES 12. 13. DELETE Change 1.1 THILE TITLE HUBBARD (MICHAEL B.) 12 NAME NAME 4300 33RD AVE., N. 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE HUBBARD, MARY J. 2.2 NAME NAME 4300 33RD AVE., N. 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETÉ Change 3.1 TITLE TITLE STEADMAN, RAYMOND P. 3.2 NAME NAME STREET ADDRESS 8074 36TH AVENUE N. 3.3 STREET ADDRESS ST. PETERSBURG FL 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 suppliemental 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

tend Hickory