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

CITY-ST-ZIP

SIGNATURE:

Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) BROOKS E. PENDER, INC. Principal Place of Business Mailing Address 4411 SE 14TH ST 4411 SE 14TH ST OCALA FL 34471-0382 OCALA FL 34471-0382 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1547864 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TRENTELMAN, JOHN C 207 N. MAGNOLIA AVE. Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34475** 83 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PENDER, LYNDA M NAME 1.2 NAME 4411 SE 14TH ST STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY-\$1-2IP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change PENDER, BROOKS E NAME 22 NAME 4411 SE 14TH ST STREET ADDRESS 2.3 STREET ADDRESS OCALA FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-71P 3 4. CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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 ennual 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 chapged, or on an attachment with an address.

FILED

(10/97