FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **460297** **(5)**

1. Corporation Name

BANCLINE CORPORATION

Principal Place of Business

773 SO KIRKMAN RD
STE 101
ORLANDO FL 32811-2068
US

Mailing Address

PO BOX 616747
ORLANDO FL 32861-6747
US

3. Date Incorporated or Qualified: 08/28/1974

3a. Date of Last Report: 04/20/1995

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: 59-1551366 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAQUETTE, EDWARD G.
2619 NORFOLK ROAD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

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 of New Registered Agent (NOTE: Registered Agent signature required when name is being) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	PAQUETTE, EDWARD G., JR.	
STREET ADDRESS	1269 BEECH HAVEN RD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	☐ DELETE
NAME	PAQUETTE, EDWARD G	
STREET ADDRESS	2619 NORFOLK ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ DELETE
NAME	PAQUETTE, EDWARD G	
STREET ADDRESS	2619 NORFOLK ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VAS	☐ DELETE
NAME	PAQUETTE, GARY T	
STREET ADDRESS	2619 NORFOLK RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AT	☐ DELETE
NAME	PAQUETTE, BETTIE ANNE	
STREET ADDRESS	2619 NORFOLK RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not 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 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.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/15/96

Daytime Phone #: 407/298-6920

CR2E034 (12/95)