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

Mar 25 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # RICHARD L. OREAIR & COMPANY Principal Place of Business Mailing Address 777 ASHFORD ST. 777 ASHFORD ST. JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1975 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1619475 21 26 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 Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OREAIR, RICHARD L JR 15498 CAPE DR. S. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32222-6 83 84 City 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, typied 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 OREAIR, RICHARD L JR. NAME 1.2 NAME 15498 CAPE DR., S STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE OREAIR, STEPHEN W NAME 2.2 NAME 15409 CAPE DR. W STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP 2. 4 CITY - \$T - ZIP Change DELETE Addition TITLE 3.1 TITLE OREAIR, RICHARD L NAME 3.2 NAME 257 WOODROW ST STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 poolyte or practice empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by or an attachment with an address.

FILED

(9114)714-2C2V