AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # 531258 (2)

1. Corporation Name

SBF AGENCY, INC.

Principal Place of Business	Mailing Address
498 PALM SPRINGS DRIVE. SUITE 250 P.O.BOX 3016 (32802) ALTAMONTE SPRINGS FL 32701	498 PALM SPRINGS DRIVE. SUITE 250 P.O.BOX 3016 (32802) ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 04/12/1977
3a. Date of Last Report: 06/26/96

2. Principal Place of Business	2a. Mailing Address
21 498 Palm Springs Dr.	26 P.O. Box 1638
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27 Mail Code M0640
City & State 23 Altamonte Springs, FL	City & State 28 Chattanooga, TN
Zip / Country 24 32701 / 25	Zip / Country 29 37401 / 30

4. FEI Number: 59-1740127 ☐ 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

THORPE, JANET C.
200 S. ORANGE AVENUE
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DANIEL, GENE B 498 PALM SPRINGS DR, 240 ALTAMONTE SPRINGS FL	XXX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Dennis M. Patterson 303 Peachtree St., N.E., Suite 960 Atlanta, GA 30308 — Change XXX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		X DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NASH, RICHARD A 303 Peachtree St., N.E., Suite 960 Atlanta, GA 30308	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV ORTIZ, VICENTE Y 498 PALM SPRGS DR, 250 ALTAMONTE SPRINGS FL	XXX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002207840 -06/10/97--01078--022 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS TATUM, MYRA G. 736 Market St., 12th Floor Chattanooga, TN 37402	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition es 6/2/97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.