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

FILED Apr 29, 1999 8:00 am Secretary of State PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 04-29-1999 90233 031 ***158.75 DIVISION OF CORPORATIONS 1999 DOCUMENT # 542174 1. Corporation Name THE BRIAR CORPORATION Mailing Address Principal Place of Business 4500 ORANGE BLVD. 4500 ORANGE BLVD. P.O. BOX 264 P.O. BOX 264 DO NOT WRITE IN THIS SPACE LAKE MONROE FL 32747 LAKE MONROE FL 32747 3. Date Incorporated or Qualifed 08/04/1977 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1763946 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOOD, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 1020 EDMINSTON PLACE LONGWOOD FL 32779 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE RIVERS, SRAVUT NOY 1.2 NAME NAME 317 KIMBERLY COURT 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE **GOOD MICHAEL J** 22 NAME NAME 1020 EDMINSTON PLACE 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 2.4 CITY-\$T-ZIP CITY-ST-ZIP Change Addition DELETE ME 3.1 TITLE HARRELL, ROBERT E. 3.2 NAME NAME 108 ORANGE DRIVE 3.3 STREET ADDRESS STREET ADDRESS SANFORD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITI F BALDWIN, TERESA A. 4. 2 NAME NAME 1406 HAYWARD AVENUE 4.3 STREET ADORESS STREET ADDRESS **DELTONA FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME KECK, WILLIAM B NAME 3600 THOMPSON RD 5.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 32738 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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 receiver or quistee 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 state in address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)