2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 8:00 am **DOCUMENT #552329** Secretary of State 1. Entity Name **MENKE & COMPANY** 04-18-2008 90054 045 ***150.00 Principal Place of Business Mailing Address 11101 ROOSEVELT BLVD. N. 11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. 4TH FLOOR, LEGAL DEPT. ST. PETERSBURG, FL 33716 US ST. PETERSBURG, FL 33716 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 02072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1887279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAIRE, NANCY C 11101 ROOSEVELT BLVD, N. 😗 Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR, LEGAL DEPT. 海 ST. PETERSBURG, FL 33716 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE řěgistered agent and tide il applicable. (NOTE: Registered Agent signature regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15:\$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDST TITLE ☐ Delete TITLE Change neitibbA 🔲 NAME MENKE, ROBERT M NAME 11101 Roosevelt Blvd. N. STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS St. Petersburg, Florida 33716 CITY-ST-7P ST. PETERSBURG, FL 33701 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition BRUBAKER, RICHARD M NAME NAME 11101 Roosevelt Blvd. N. STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS St. Petersburg, Florida 33716 CITY-ST-ZIP ST. PETE, FL 33701 CITY-ST-ZIP TILLE Delete TITLE ☐ Change - 🗏 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplies ental eport 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 of the secret of execute the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a statutes, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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THE FIND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Brubaker, VP

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