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

Mar 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 608059 BOYER, TANZLER & BOYER, P.A. Principal Place of Business Mailing Address 200 E FORSYTH STREET 200 E FORSYTH STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 DO NOT WRITE IN THIS SPACE a. Date incorporated or Qualified 01/26/1979 2. Principal Place of Business Mailing Address 4 FEI Number Applied For 210 E. FORSYTH 210 E. FORSYTH 59-1876584 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible USA Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent BOYER, TYRIE A. Name 200 E FORSYTH STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 FORSYTH 84 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 according a boligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE **SIGNATURE** Registered Agent signature required when reinstating) nt and tile it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ Addition DELETE 1.1 TITLE Change TITLE BOYER, TYRIE A. NAME 1.2 NAME 3966 CORDOVA AVENUE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP __ DELE**te** Change Addition TITLE 2.1 TITLE BOYER, TYRIE W. NAME 2.2 NAME 2430 BIRDWOOD DR STREET ADDRESS 2.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 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 supplied ental 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 file receiver or frustate 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 on an attachment with an address.

CITY-ST-ZIP

FILED