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

**FILED** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)MARSHALL BERNARDO, INC. Principal Place of Business Mailing Address 330 U.S. 27 N. SEBRING FL 33870 330 U.S. 27 N. SEBRING FL 33870 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2009382 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State **\$5,00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. □ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERNARDO, MARSHALL 81 Name 3826 TANGIER ST 82 Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 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, typed 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. TITLE DELETE 11 TITLE ☐ Change ☐ Addition BERNARDO, MARSHALL HAME 1.2 NAME 3826 TANGIER ST STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL CITY-ST-ZW 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 T/T( F TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-7IP 4.4 City-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition

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 trustee 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 with an address III aushall Q SIGNATURE:

6.2 NAME

**63 STREET ADDRESS** 6.4 CITY-ST-ZIP

STREET ADDRESS