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

Feb 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name 650544 (O) RICHARD & PAMELA MABRY, INC. Principal Place of Business Mailing Address 11922 U S 19N **CLEARWATER FL 34624** CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1980 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2407203 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has pald the current year Intangible 24 30 □ No 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MABRY, RICHARD W. 11922 U.S. 19 N Street Address (P.O. Box Number is Not Acceptable) 82 CLEARWATER FL 34624 83 84 City 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** 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. DELETE Change Addition TITLE 1.1 TITLE MABRY, RICHARD W. NAME 1.2 NAME 11922 U.S. 19 N STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE ☐ Change Addition 3.1 TITLE TITLE NAME **3.2 NAME** 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TALE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition Change TITLE 6.1 T∤TLE NAME 6.2 NAME STREET ADDRESS **6.3 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 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, of on any state inner with an address.

CITY-ST-ZIP

FILED