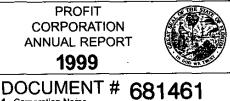
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90066 004 ***150.00



DEISON AND ASSOCIATES, INC. Mailing Address Principal Place of Business P O BOX 13764 3233 THOMASVILLE RD PO BOX 13764 (32317) PO BOX 13764 (32317) DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32312 TALLAHASSEE FL 32317 3. Date Incorporated or Qualifed 08/07/1980 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1628661 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Ant. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State ---6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zip □ No Personal Property Tax. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOORE, EDGAR M. 82 Street Address (P.O. Box Number is Not Acceptable) 3233 THOMASVILLE RD TALLAHASEE FL 32312 83 City Zip Code 85 RΔ 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Addition Change DELETE 1.1 TITLE TITI F MOORE, EDGAR M 1.2 NAME NAME 3233 THOMASVILLE RD 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition √1 Change ☐ DELETE 2.1 TITLE TITLE SKELTON, BENSON L JR 2.2 NAME NAME 1320 THOMASVILLE RD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 3.1 TITLE BUFORD, A. L., JR. 32 NAME NAME STREET ADDRESS 217 JOHN KNOX RD 3.3 STREET ADDRESS TALLAHASSEE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE CAMPBELL, LINDA J 4. 2 NAME NAME 3233 THOMASVILLE RD 4.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 Moore

850/297-6011

CR2E034 (11/98)