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

PROFIT May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (9) 687086 A. CLINTON BROOKS & CO., INC. Principal Place of Business Mailing Address 5901 SUN BOULEVARD. #105 5901 SUN BOULEVARD. #105 ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1980 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2021024 21 26 Not Applicable Suite, Apt_# etc Suite. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & & 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROOKS, A CLINTON 4780 DOLPHIN CAY LANE S #104 82 eptable) ST. PETERSBURG FL 33711 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered open, 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 virilized accept the appointment as registered agent. I am familiar virilized accept the appointment as registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE BROOKS, VIRGINIA S 1.2 NAME NAME 5901 SUN BOULEVARD #105 STREET ADDRESS 1.3 STREET ADDRESS **\$T PETERSBURG FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 11116 **B**rooks, A. Clinton 2.2 NAME NAME onna M. Sun BIVA #105 **5901 SUN BOULEVARD #105** STREET ADDRESS 2.3 STREET ADDRESS **ST PETERSBURG FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Channe TITLE TORRANCE, BARBARA S NAME 3.2 NAME STREET ADDRESS 5901 SUN BLVD., #105 3.3 STREET ADDRESS **ST. PETERSBURG FL 33715** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 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 TITLE 6.1 TITLE NAME 6.2 NAMI STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 14. Thereby 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 suppliemental 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 of the Block 12 or Block 13 if changed,

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