FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** HICKMAN AND WHITE, INC. Principal Place of Business Mailing Address 9661 BOYCE AVENUE P.O. BOX 620846, N/A P. O. BOX 770247 ORLANDO FL 32862 ORLANDO FL 32824 3. Date Incorporated or Qualified 38. Date of Last Report 05/12/1976 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1669193 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, 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 Z_{10} Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ✓ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JAMES R. TATUM 82 Street Address (P.O. Box Number is Not Acceptable) 9661 BOYCE AVE. ORLANDO FL 32824 в3 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. Thereby accept the appointment as registered agent. I am accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if application (NCCLE Registered Agend signature required when remutating CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DELETE 1. 1 TITLE ☐ Change Addition NAME WHITE, ANDREA H. 1.2 NAME STREET ADDRESS 5693 DENTON CIRCLE 1.3 STREET ADDRESS DITY-ST-ZIP NORCROSS GA 1.4 CITY - ST. ZIP TITLE DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST- 7IP TITLE DELETE 3 1 11111.6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP THLE DELFIE 4 1 1111 F Change ☐ Addition NAME 4.2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - ST - ZIP TiTLE DELETE 5 1 Tifte Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 71F THUE □ DELETE 6 1 TITLE [] Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY - ST-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statules. I further certify that the information indicated on this annual report or supplemental arrival 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.

3-4-96

770 - 441-3013