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

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (0)POCUMENT # 838532 CIDCO, INC. OF SAMSON, ALABAMA Principal Place of Business Mailing Address RT 3 BOX 203 RT 3 BOX 203 HWY 54 SAMSON AL 36477 SAMSON AL 36477 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 06/03/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-0622723 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 Cily & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year intangible Yes_ XX No Personal Property Tax due June 30. 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONGOVEN, WILLIAM J. 105 SOUTH 5TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 32428 83 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 right and theid applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE. Change TITLE 1.1 TITLE SIMMONS, EDNA E E NAME 1.2 NAME RT 3 BOX 203 STREET ADDRESS 1.3 STREET ADDRESS SAMSON AL 36477 CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition SIMMONS, STEVEN E NAME 2.2 NAME RT 3 BOX 203 STREET ADDRESS 2.3 STREET ADDRESS SAMSON AL 38477 CITY-ST-ZIP 2.4 City-St-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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 of the receiver or truster 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 applicate.

SIGNATURE:

SIGNATURE:

2-10-98

334-398-7177

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 64 CiTY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition

CR2E034