FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE Apr 20 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F58874 (1)ANDERSON & ELLIS, INC. Mailing Address Principal Place of Business 4233 CLARK RD..UNIT 25 4233 CLARK RD. UNIT 25 SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1981 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 59-2132012 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country 8. This corporation owes or has paid the current year Intangible Country Zip Zip Yes Personal Property Tax due June 30. ΠNο 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANDERSON, STEPHEN 4233 CLARK RD., UNIT 25 Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34233 83 Zip Code 84 City 85 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. Change Addition DELETE 1.1 TITLE TITLE ANDERSON, STEPHEN 1.2 NAME NAME 4155 MALDEN 1.3 STREET ADDRESS STREET ADDRESS SARASOTA, FL 00000 1.4 CITY - ST - ZIP CITY-ST-ZIP ___ Addition DELETE Change 2.1 TITLE TITLE NAME **ELLIS. CALVIN** 2.2 NAME 4136 WAKE AVENUE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA, FL 00000 2. 4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 THILE TITLE 3.2 NAME LAWRENCE, WALLACE NAME STREET ADDRESS 4233 CLARK RD..UNIT 25 3.3 STREET ADDRESS SARASOTA, FL 00000 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY-ST-ZIP Channe Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 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 unless 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 for on an attachment with an addition. CITY-ST-ZIP

11.13.98

941-924-1530