LE NOW: FILING FEE AFTER MAY 1ST IS \$550.00			_ FILED
PROFIT ORPORATION INUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham	Jan 28 1998 8:00a
1000		Secretary of State	C C C

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

C m AN DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # (6)BLOUNT SIKES & ASSOCIATES, INC. Principal Place of Business Mailing Address 1199 NORTH ORANGE AVENUE 1199 NORTH ORANGE AVENUE P.O. BOX 547759 P.O. BOX 547759 DO NOT WRITE IN THIS SPACE ORLANDO FL 32854-4759 ORLANDO FL 32854-7759 HS 3. Date Incorporated or Qualified 03/22/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2182328 21 Not Applicable uite, Apt. #, etc. \$8.75 Additional V 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year Intangible 32854-7 Yes Yes ΠÑο Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BOYLES, WILLIAM A 201 EAST PINE STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32802 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. 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1,1 TITLE ☐ Change ___ Addition BLOUNT, WESLEY E. NAME 1.2 NAME CR2E034 1199 N ORANGE AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE VID Change Addition TITLE 2.1 TITLE ROCKETT, LOWRY E. NAME 2.2 NAME 1199 N ORANGE AVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP PSD DELETE TITLE 3.1 TITLE Change Addition SIKES, JOHN M. NAME 3.2 NAME 1199 N ORANGE AVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE CAREY, BRENDA K NAME 4. 2 NAME 119 N ORANGE AVENUE STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL CITY - ST - 7IP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Change Addition 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 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-7IP

14. I hereby certify that the information supplied with this filling 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.

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