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

FILED Feb 25 1998 8:00am PROFIT LLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F97000004102 (6) DAVID R. KRUG ASSOCIATES, INC. Principal Place of Business Mailing Address 131 PROVIDENCE RD 131 PROVIDENCE RD **CHARLOTTE NC 28207 CHARLOTTE NC 28207** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 56-1283466 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country 8. This corporation owes or has paid the current year Intangible 🟋 Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FALCONER, MATTHEW 1701 CHELTENBOROUGH DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 83 85 Zip Code 84 City Aons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of. Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sc office or registered agent, or be agent. I am familiar with, and a 1/28/98 Matthew Falconer (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE 11 TITLE TITLE KRUG, DAVID R NAME 2319 PEMBROKE AVE 1.3 STREET ADDRESS STREET ADDRESS **CHARLOTTE NC 28207** 1.4 CITY - ST - 7IP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE MCCLEARY, PAULA J NAME 2.2 NAME 4930-D SARDIS RD 2.3 STREET ADDRESS STREET ADDRESS **CHARLOTTE NC 28207** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TOLE TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change

DELETE

TITLE

MAME

STREET ADDRESS

Block 12 or Block 13 if changed or

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6 3 STREET ADDRESS

6.4 CiTY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or \$\forall \text{ an address}\$ 1-24-98 (704) 376-8000