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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** G11543 (7) THE L. JAMES PARHAM COMPANY Principal Place of Business Mailing Address 233 LAFAYETTE CIRCLE 233 LAFAYETTE CIRCLE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1982 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2245457 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARHAM, L. JAMES 233 LAFAYETTE CIRCLE -5991-DENVER-ST: NE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG-FL-33703 TALLAHASSE, FL DFAYETTE CULLE 32303-62/53 Zip Code 32303 - 62/5 85 TOLLAHOSSSE 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 objugations of, Section 607,0505, Florida Statutes. Um SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change TITLE DELETE 1.1 TITLE Addition PARHAM, L. JAMES NAME 1.2 NAME **CR2E034** 609 FIZANIK PAIS ROAD 5931 DENVER ST. NE STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33703 1,4 CMY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change ___ Addition TITI F 61 TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing docs 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 ltfe receiver or trustbe 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 within address.

EQUIRED