FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 23 1998 8:00am PROFIT CÓRPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G47692 (0)A.J. BORRELL, JR., INC. Principal Place of Business Mailing Address 3601 N. NEBRASKA AVENUE 3601 N. NEBRASKA AVENUE TAMPA FL 33603-2094 TAMPA FL 33603-2094 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1983 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable NOT APPLICABLE Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BORRELL JR., ANTHONY J. 3601 N. NEBRASKA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33603** 83 84 City 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. DELETE Change Addition TITLE PD 1.1 TITLE NAME BORRELL JR., ANTHONY J. 1.2 NAME STREET ADDRESS 3601 NEBRASKA AVENUE 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY- ST- ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST/ZIP 3.4. CITY - ST - ZIP DELETE Change 4.1 THILE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 51 TITLE Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 5.4 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 or the receiver or hospic employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for off an attact near with an address.

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6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP