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

FILED Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)GANT ASSOCIATES, INC. Principal Place of Business Mailing Address % JAMES L. "JACK" GANT % JAMES L. "JACK" GANT 3012 AVON CIRCLE 3012 AVON CIRCLE DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3. Date Incorporated or Qualified 10/03/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2326487 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible **M** Yes 24 Personal Property Tax due June 30. □ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GANT, JAMES L. "JACK" 3012 AVON CIRCLE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 83 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, it 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) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change GANT, JAMES L. "JACK" NAME 12 NAME E034 3012 AVON CIRCLE 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-7IP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE GANT, GLORIA W. NAME 2.2 NAME 3012 AVON CIRCLE STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition Addition HINSON, JACQUELYN 3,2 NAME NAME 3211 WHEATLEY ROAD 3.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME

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 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. SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS