FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)G63651 CONSTANCE M. GOODWILLIE, INC. Principal Place of Business Mailing Address 4 BELLEVIEW BLVD. #408 4 BELLEVIEW BLVD. #408 BELLEAIR FL 34618-8958 BELLEAIR FL 34616-8958 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified See new address 10/05/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2339308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible USA 33 ☐ Yes ΠNo 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOODWILLIE, CONSTANCE M. 4 BELLEVIEW BLVD. #408 82 BELLEAIR FL SACE 83 33756 84 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 Jand accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (10/97 OFFICERS AND URLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **GOODWILLIE, CONSTANCE M** NAME 1.2 NAME 4 BELLEVIEW BLVD #408 STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE **GOODWILLIE, CONSTANCE M** 2.2 NAME 4 BELLEVIEW BLVD #408 STREET ADDRESS 2.3 STREET ADDRESS **BELLE**AIR FL CITY-\$T-ZIP 2. 4 CITY - ST - ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 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 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

14. Thereby 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 comporation 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 cylanged, of on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

ICHATURE, MAJAMAA MI (Jandivilla) 48-98 (912) 1149 1912

NAME

STREET ADDRESS