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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G80210

1. Corporation Name
THE REGENCY ORGANIZATION, INC.

Principal Place of Business	Mailing Address
6709 RIDGE RD., STE. 200 PORT RICHEY FL 34668-3890	6709 RIDGE RD., STE. 200 PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2670 US Highway 19N	2a. Mailing Address 26 11000 Broken Land Pkwy.
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 C915
City & State 23 Clearwater, FL	City & State 28 Columbia, MD
Zip / Country 24 33761 / 25 USA	Zip / Country 29 21044 / 30 USA

3. Date Incorporated or Qualified: 01/25/1984
4. FEI Number: 59-2367217 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, JOHN E.
6709 RIDGE ROAD
PORT RICHEY FL 33568

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Corporation Service Company Deborah D. Skinner) as agent 6-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDSON, JOHN E. 6709 RIDGE ROAD PORT RICHEY FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P John Garrity 2670 US Highway 19N, Suite 301 Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SILVA, SUSAN 6709 RIDGE RD PORT RICHEY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP William Wright 2670 US Highway 19N, Suite 301 Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT NORTON, DAVID C. 6709 RIDGE RD. PORT RICHEY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	AS David Norton 2670 US Highway 19N, Suite 301 Clearwater, FL 33761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SLEEMAN, GEORGE 6709 RIDGE RD. PORT RICHEY FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Timothy J. Geckle 11000 Broken Land Parkway Columbia, MD 21044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AT Rene L. Mentch 11000 Broken Land Parkway Columbia, MD 21044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Rene L. Mentch 5/3/99 410-715-7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rene L. Mentch