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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)H46069 BERTRAM ENTERPRISES INC. Principal Place of Business Mailing Address 2020 W. BRANDON BLVD. 2020 W. BRANDON BLVD. BRANDON FL 33511 DO NOT WRITE IN THIS SPACE BRANDON FL 33511 บร 3. Date Incorporated or Qualified 03/08/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2441650 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation dwes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yeş 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CURRY, CLIFTON C., JR. 420 W. BRANDON BLVD. Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 83 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. 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 reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE VTD 1.1 TITLE ☐ Change BERTRAM, TOM NAME 1.2 NAME 2020 W. BRANDON BLVD. STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE PSD Change Addition 2.1 TITLE NAME BERTRAM, MARGARET 2.2 NAME STREET ADDRESS 2020 W. BRANDON BLVD. 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIF 2 4 CITY-ST-ZIP ___ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Change

☐ Addition

6.1 TITLE

6.2 NAME

TOWN BUTGEFOITOFF SIGNATURE:

___ DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY - \$T - ZIP

TITLE

NAME