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

PROFIT Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H92873 (9)SEASONSHIELD, INC. Principal Place of Business Mailing Address C/O WILLIAM J. GILL C/O WILLIAM J. GILL 355 CENTER CT VENICE FL 34292 355 CENTER CT DO NOT WRITE IN THIS SPACE VENICE FL 34292 3. Date Incorporated or Qualified 01/03/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2610530 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 X No 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 81 Name GILL, WILLIAM J. 355 CÉNTER COURT 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34292 63 64 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. TITLE PSC DELETE 1.1 TITLE Change X Addition D NAME GILL. WILLIAM J. 1.2 NAME **355 CENTER CT** STREET ADDRESS 1.3 STREET ADDRESS VENICE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE V/AS TITLE 2.1 TITLE Change Addition **GILL. SARA S.** NAME 2.2 NAME Vice President **355 CENTER CT** STREET ADDRESS 23 STREET ADDRESS ASST. SECRETARY **VE**NICE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 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 DELETÉ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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 changes, or on an estachment with an address.

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