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

PROFIT

Apr 24 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J14414 (3) P.H.D IN THE PARK, INC. Principal Place of Business Mailino Address 5360 PARK BLVD. 5360 PARK BLVD. PINELLAS PARK FL 33781 PINELLAS PARK FL 34665 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1986 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2678528 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ΠNo 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENDRICKS, ROGER S. 7835 CAUSEWAY BLVD. N. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 63 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or profind name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE TITLE NAME WRIGHT, PEGGY 12 NAME CR2E034 5547 BATES ST. STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE NAME HENDRICKS, ROGER 2.2 NAME STREET ADDRESS 701 SUNSET DR S 2.3 STREET ADDRESS St. Petersburg fl CITY - ST - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Addition 3.1 TITLE Change HENDRICKS, THERESA 3.2 NAME NAME 701 SUNSET DR S STREET ADDRESS **33 STREET ADDRESS** ST. PETERSBURG FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE WRIGHT, DAVID MASS 4. 2 NAME 5547 BATES ST. STREET ADDRESS 4.3 STREET ADDRESS SEMINOLE FL 4.4 CITY - ST - ZIP CITY-ST-ZIE DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - ZIP 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 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 an attachment with an address.

SIGNATURE:

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ELORIDA DEPARTMENT OF STATE

FILED

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