FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J26785 (2)

1. Corporation Name

THE HOGAN GROUP, INC.

Principal Place of Business

201 E. KENNEDY BLVD.. #1900
TAMPA FL 33602

Mailing Address

201 E. KENNEDY BLVD.. #1900
TAMPA FL 33602

2. Principal Place of Business
21 101 E. KENNEDY BLVD
Suite, Apt. #, etc.
22 # 4000
City & State
23 TAMPA FLORIDA
Zip 24 33602 Country 25 USA

2a. Mailing Address
26 101 E. KENNEDY BLVD
Suite, Apt. #, etc.
27 # 4000
City & State
28 TAMPA FLORIDA
Zip 29 33602 Country 30 USA

3. Date Incorporated or Qualified: 07/28/1986
3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-2717917 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J.
201 EAST KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD
83 SUITE 3700
84 City TAMPA FL 85 Zip Code 33602

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	HOGAN, MICHAEL D.	
STREET ADDRESS	201 E. KENNEDY BLVD 1900	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	MILLS, RAY	
STREET ADDRESS	201 E. KENNEDY BLVD 1900	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	101 E. Kennedy Blvd #4000	
1.4 CITY-ST-ZIP	TAMPA FLORIDA 33602	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	101 E. Kennedy Blvd #4000	
2.4 CITY-ST-ZIP	TAMPA FLORIDA 33602	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	RITA PEARSON	
3.3 STREET ADDRESS	101 E. Kennedy Blvd #4000	
3.4 CITY-ST-ZIP	TAMPA FLORIDA 33602	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	05-01-96 02	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	800001853198	
6.3 STREET ADDRESS	-06/06/96--01028--006	
6.4 CITY-ST-ZIP	***400.00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Raymond E Mills Exec. V.P. — 4/15/96 — 813-273-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)