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

Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Moftham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 J39510 DOCUMENT # (9)STOWELL, ANTON & KRAEMER, P.A. Principal Place of Business Mailing Address 211 E CALL ST PO BOX 11059 TALLAHASSEE FL 32301 TALLAHASSEE FL 32302-3059 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1986 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-2728778 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 KRAEMER, MARY K. - Game Street Address (P.O. Box Number is Not Acceptable 21) EAST CALL ST 727 HIGHWAY 08, EAST 36474 Ernerald 82 Picor Ste DESTIN FL 32541 63 Zip Code **3a3の**で 84 AllAhassee 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 families with, and accept the obligations of, Section 8070505, Florida Statutes.

SIGNATURE

STOWN STORM STATE STOWN STORM STATE STA typed or printed name of repotered agent and title diapposable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TOTE F TITLE STOWELL, DOUGLAS L. NAME 1.2 NAME 2213 ARMISTEAD ROAD 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Addition TITLE 2.1 TITLE Change ANTON, GARY J. NAME 2.2 NAME 6420 DANCER'S IMAGE TRL STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2. 4 C/TY - ST - Z/P CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE KRAEMER, MARY K. NAME 3.2 NAME 145 INDIAN BAYOU DR STREET ADDRESS 3 3 STREFT ADDRESS **DESTIN FL** CITY-ST-ZIP 3.4. CITY - ST- 2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ■ Addition Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

FILED

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receivor or frustee 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 attachtural with an address.

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CITY-ST-ZIP