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

FILED May 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF COMPORATIONS DOCUMENT # (6) DOLAST, INC. Mailing Address Principal Place of Business 1700 PALM DAY RO NE 4760 PALAN BAY-NO NE PALM DAY FL 99005 PALM DAY FL 80006 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1987 2a. Mailing Address 2. Principal Place of Business Applied For 26 1260 Clearmont St. NE 59-2850602 Not Applicable 1260 Clearment St. NE \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent s of Current Registered Agent 81 Name SEDGWICK, DOUGLASS A. 1760 PALM BAY RD NE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 63 84 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 Side change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. In familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATUR Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PST DELETE Change ___ Addition TITLE 11 1/14 SEDGWICK, DOUGLASS A. NAME 1.2 NAME CR2E034 1760 PALM BAY RD NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 1.4 CITY - ST - Z(P Addition DELETE Channe TITLE 2.1 TITLE SEDGWICK, DOUGLASS A. 2.2 NAME 1760 PALM BAY RD NE STREET ADORESS 2.3 STREET ADDRESS PALM BAY FL 2.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - S1 - ZIP City-St-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 oath; that I am an officer or director of the copyoration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address

5.4 CITY - ST - 7IP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

Addition

Change

5-15-25

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME