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

SIGNATURE:

Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J65837 (3)POLK COUNTY (FLA.) THIS END UP, INC. Principal Place of Business Mading Address 1309 EXCHANGE ALLEY 1309 EXCHANGE ALLEY RICHMOND VA 23219 RICHMOND VA 23219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1987 Applied For 2. Principal Place of Business 2a. Mailing Address 21 54-1412504 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UNITED STATES CORPORATION COMPANY 1201 HAYES ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DOLLETE TITLE 1 1 T:TLF KEMENY, ROBERT 1.2 NAME NAME 1309 EXCHANGE ALLEY 1.3 STREET ADDRESS STREET ADDRESS RICHMOND VA CITY-ST-ZIP 1.4 CITY-ST-ZIP DEFFE Change Addition 21 1111 6 TITLE THOMAS, JEFFREY L. NAME 22 NAME 1309 EXCHANGE ALLEY STREET ADDRESS 23 STREET ADDRESS RICHMOND VA CITY-ST-ZIP 2. 4 City-St-ZiP DILFTE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6 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)(f). Florida Statutes. I further certify that the information indicated on this annual report or insplantmental 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 in the receiver or trustice 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 plan allochment with an address

192

FILED

29 198