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

FILED Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) FLACK, GOODWIN ASSOCIATES, INC. Principal Place of Business Mailing Address 303 S STONE ST. 303 S. STONE ST. DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2815572 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žip Country Country Ζip 8. This corporation owes or has paid the current/year Intangible Yes □ No 24 25 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 GOODWIN, MORRIS W. 662 PRINCEWOOD DR. Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 83 84 City 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 diapplicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE FLACK, MARY ELIZABETH NAME 1.2 NAME 303 S. STONE ST STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition GOODWIN, DIANE GRACE NAME 2.2 NAME 662 PRINCEWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS DELAND FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 THILE 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 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

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 on an attachment with an address. Diane G. GOODWIN 3/25/98 (904)738-4469 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP