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

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**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # FORRESTEL, INCORPORATED Principal Place of Business Mailing Address 805 W. UNIVERSITY AVENUE 805 W. UNIVERSITY AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2807919 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FORRESTEL, DAVID 805 W. UNIVERSITY AVE. Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32601** 83 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition FORRESTEL, DAVID NAME 1.2 NAME CR2E034 805 W. UNIVERSITY AVE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE I Change 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 37 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME STREET AODRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE \_\_ DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY - ST - ZIP 5.4 CITY-ST-ZIP ■ DELETE TITLE Addition 6.1 TITLE Change NAME 62 NAME STREET ADORESS **6.3 STREET ADDRESS** CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 the 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 attagment with an address.

Jan 28, 1998

352-378-1773