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

FILED May 27 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name U.S. MARKETING CORPORAT Principal Place of Business Mailing Address 240 SAND KEY EST. DR. 10 Box 350 FLONTOA DO NOT WRITE IN THIS SPACE STE # 86 3. Date Incorporated or Qualified CLEARWATER, FL. 33767 7-28-87 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PETERSON, BILL T. 240 SAND KEY EST, DR 82 Street Address (P.O. Box Number is Not Acceptable) 83 STE #86 CIEARWORER, FL City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered again and tile 1 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE V.P. 1.1 TITLE WILLIAM A. Whalew NAME 1.2 NAME 1559 SEA GULL DR. STREET ADDRESS 1.3 STREET ADDRESS TITULUILLE, FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE P 2.1 TITLE Bin J. PETERSON 240 SAND KEY EST DR #86 NAME STREET ADDRESS 2.3 STREET ADDRESS CLEAR WESEN, FLORIDA 33767 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change ☐ Addition TITLE STD 3.1 TITLE Judy K. MOSES NAME 3.2 NAME 1848 Emozy Dr 3.3 STREET ADDRESS STREET ADDRESS OKEARWATER, FLORIDA 34625 CITY-ST-ZIP 3.4. CHY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 5 Judy K. MOSES NAME 4 2 NAME 1848 Emony De CLEANWUTER, FL 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 600002538146 NAME 6.2 NAME -05/28/98--01014--012

6.3 STREET ADDRESS

64 CITY-ST-ZIP 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

***150.00

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP