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

FILED PROFIT Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # J89837 (5)SOUTHREP, INC. Principal Place of Business Mailing Address 1110 BAY COURT 1110 BAY COURT DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-285 1983 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEWART, ROBERT M. 81 Name 1110 BAY COURT 82 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition STEWART, ROBERT M. NAME 1.2 NAME 1110 BAY COURT STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITE F 3.1 TITLE Change ☐ Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP 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 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this indicated on this annual report or adplementation officer or director of the corporation or the Block 12 or Block 13 if changed, or on the corporation of the corp this closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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