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

FILED PROFIT ELORIDA DEPARTMENT OF STATE Feb 17 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # K05034** (9)DANNY R. WARREN INC. Principal Place of Business Mailing Address **SRIK MORIN RANG**K X C/O DAVID A. KING. ATTORNEY 1416 KINGLSEY AVEN. ORANGE PARK FL 32073-4509 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1988 03/22/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 404-A Madison Ave 59-286 1976 Not Applicable 21 Suite, Apt #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Orange Park Trust Fund Contribution 28 for intangible lax under s 199.032 Country 8. This corporation has liability Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Register DAVID A. KING ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) 82 1416 KINGSLEY AVENUE 83 ORANGE PARK FL 32073 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. **X** Change Addition DELETE DPS 1.1 TITLE WARREN, DANNY R. 1.2 NAME **CR2E034** NAME 1943 Timucua Trail 1.3 STREET ADDRESS STREET ADDRESS Middleburg, FL 32068 MUDICKEBURGKEL 1.4 CITY - ST - ZIP CITY - ST - ZIF ☐ Addition Change DELETE 2.1 TITLE THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY - ST - ZIE DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - S1 - 7IP DELETE 6) TITLE Change Addition

14. I do hereby 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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE: X

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

01-20-97

904-282-9536