FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4)**DOCUMENT #** 1. Corporation Name -BUDGET AGENCIES, INC. clarged to BUDGET INSUPPLIE OFFICES, INC Mailing Address Principal Place of Business 908 W DIXIE AVE 908 W DIXIE AVE LEESBURG FL 34748 LEESBURG FL 34748 3a. Date of Last Report 3. Date incorporated or Qualified 06/09/1995 12/31/1987 4 EELNumber Applied For 2a. Mailing Address 2. Principal Place of Business 59-2860431 Not Applicable 21 \$8.75 Additional Suite, Apt. +, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SETTLE, WILLIAM E. 82 908 W DIXIE AVE LEESBURG FL 34748 Zio Code 84 City 85 11. Persuant 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered A part signature requ Supportune typed or printed twin a of request area agost and title if a, physicis-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1 1 TITUE TITLE 1.2 NAME SETTLE, WILLIAM E. 321 LAKESHORE DR. 1.3 STREET ADDRESS STREE! ADDRESS LEESBURG FL 1.4 C+TY - ST - Z+P CITY - ST - ZIP Addition Change DLLETE 2 1 TIELE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY S1-2iP CITY-ST-ZIP Addition ☐ Change DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST - ZiP CITY-ST-ZIP Change Addition DELF1E 4 1 THILE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 100001779241 -04/15/96--01015--015^{change} 4.4 CITY - ST - ZIP CITY - ST- ZIP (DELETE 5 1 THILE TITLE 5.2 NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP Add tion Change DEL ETE 6 1 TiFLE TITLE 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further of 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 coath; 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

6.4 CITY - ST - ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME NG OFFICER OR DIRECTOR 4-8-86 312-365-0617

(12/95)

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