FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K21059 (6)THE INTERLACHEN COMPANY Principal Place of Business Mailing Address 225 SWOOPE AVE. 1157 TOM GURNEY DR. STE. #110 WINTER PARK FL 32789 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1988 4. FEI Number Applied For THURE Ave. South 59-2883937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Regi 10. Name and Address of New Registered Agent BODE, BAXTER C 225 S. SWOOPE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) STE. #110 83 MAINTLAND FL 32751 64 City 85 Zip Code 11. Pursuant to the provisions of Socions 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 prioted name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BODE, C. BAXTER NAME 1.2 NAME 552 FINCHLEY RD STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 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 - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

14. I 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 of true the 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 of true the 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 of true that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true the same legal effect as if made under oath; that I am an officer or director of the corporation of

186510615

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NUME

STREET ADDRESS CITY-ST-ZIP