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

PROFIT **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Feb 19 1998 8:00 am ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # K41665 (6)NATIONWIDE SOUTH, INC. Principal Place of Business Mailing Address 1099 49TH ST SOUTH 1099 49TH ST SOUTH **GULFPORT FL 33707 GULFPORT FL 33707** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2908004 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NEIGHBOR, DENNIS, C, SR 1099 49TH STREET SOUTH 62 Street Address (P.O. Box Number is Not Acceptable) **GULFPORT FL 33707** 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME NEIGHBOR, DENNIS, C. SR 1.2 NAME 1099 49TH ST. SOUTH STREET ADDRESS 1.3 STREET ADDRESS **GULFPORT FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address.

SIGNATURE:

DENTIFY

**DENT

63 STREET ADDRESS

STREET ADDRESS