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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 JUN 15 AM 9: 52 1**9**98 DOCUMENT # K47599 SECRETARY OF STATE TALLAHASSEE. FLORIDA TRY ONE, INC. Principal Place of Business Mailing Address 1221 Bryn Mawr 12217 Bryn Mawr Orlando, FL 32804 Orlando, FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/29/88 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2929735 26 <u>1221 Bryn Mawr</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Ø Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Orlando, Trust Fund Contribution Added to Fees Country Žio Country Zio 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 32804 30 ☐ Yes US 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name PETRY, BETTY Street Address (P.O. Box Number is Not Acceptable) 82 1221 Bryn Mawr Orlando, FL 32804 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, 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE SignBlura, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME NAME PETRY, WRAY STREET ADORESS 1.3 STREET ADDRESS 1221 Bryn Mawr 200002566622 CITY-ST-ZIP 1.4 CITY-ST-ZIP Orlando, FL 06/19/93-DELETE 2.1 TITLE TITLE ****550.00 NAME 22 NAME PETRY, BETTY STREET ADDRESS 2.3 STREET ADDRESS 1221 Bryn Mawr 200002566622 CITY - ST - ZIP Orlando, FL 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE *****8.75 NAME PETRY, GREG 3.2 NAME 1221 Bryn Mawr STREET MOORESS 3.3 STREET AODRESS CITY-S . ZIP 3 4. CITY-ST-ZIP Orlando, FL TITLE DELETE 4.1 TITLE Change Addition מ NAME 4 2 NAME PETRY, RANDALL STREET ADDRESS 4.3 STREET ADDRESS 1221 Bryn Mawr CITY-ST-ZIP Orlando, FL 44 CITY-ST-ZIP ☐ DELETE TITLE S 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 sertify that the information indicated on this annual report or suppliemental 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 13 if changed or on an attachment with an address.

GNING OFFICER OR DIRECTOR