FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (5)CHILDRESS & CHARPENTIER, P.A. Principal Place of Business Mailing Address 175 E. NASA BLVD., STE. #300 MELBOURNE FL 32901 175 E. NASA BLVD., STE. #300 MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1988 2. Principal Place of Business 26. Mailing Address Applied For 21 26 59-2934179 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHILDRESS, HUBERT C JR 110 TWIN RIVERS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 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 Stocature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change TITLE NAME CHILDRESS, HUBERT C JR 1.2 NAME 110 TWIN RIVERS DR STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL 1.4 CITY - ST- ZIP CITY-ST-7IP DELETE Addition Change TITLE 21 TITLE CHARPENTIER, STEPHEN G. NAME 2.2 NAME 3660 ROSEHAVEN PLACE STREET ADDRESS 2.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS

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 of pelpriential 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 of the receiver or trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if orangely, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/28/98

(407) 725-42**74**

Change

Addition