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

FILED PROFIT Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K54101 (6)BDL, INC. Principal Place of Business Mailing Address 14333 58TH STREET NORTH 14333 58TH STREET NORTH **CLEARWATER FL 34620-9817 CLEARWATER FL 34620-9817** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1989 2. Principal Place of Business Mailing Address Applied For 59-2930751 Not Applicable 21 26 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 Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip B. This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name MOYER, PHILLIP M. 14333 58TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34620** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE MOYER, PHILLIP M. 12 NAME NAME 14333-58TH ST. NORTH 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change ■ Addition TITLE 21 TITLE HARPER, JAMES R. NAME 2.2 NAME 311 PARK PLACE BLVD 23 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETÉ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

813- 420-9444

4/10/50