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

PROFIT

SIGNATURE:

Mar 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K64279 (8) HARRIS & SCHUTZ, INC. Principal Place of Business Mailing Address 205 BAHKA PT 205 BAHIA PT NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1989 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0091651 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLORIDA LAWDOCK INC. 515 NORTH FLAGLER DR. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 503 63 W PALM BEACH FL FL 33401-4323 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) 76/01) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE 5AME NE CREEK LN HARRIS-SCHUTZ, SHEILA L CR2E034 1.2 NAME SAM E NAME 205 BAHIA POINT 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP NAPLES. DELETE Change 2.1 TITLE TITLE SAME D PINECREEK LN. NAME SCHUTZ, PETER W. 2.2 NAME SAME STREET ADDRESS 205 BAHIA PT 2.3 STREET ADDRESS NAPLES FL 2. 4 CITY - ST - ZIP CITY - ST - 7JP NAILES. Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 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 result 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 addition.

FLORIDA DEPARTMENT OF STATE

FILED