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

PROFIT CORPORATION ANNUAL REPORT 1**9**98 DOCUMENT #

1. Corporation Name Section 1 DAWOSE CORP. Principal Place of Business 6901 N ARMENIA TAMPA FL 33604 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Apr 22 1998 8:00am Secretary of State



Mailing Address 6901 N ARMENIA TAMPA FL 33604 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1989 2a. Mailing Address Applied For 26 59-2945990 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the curre ht year Intangible □ No 24 30 Personal Property Tax due June 30. 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PROFESSIONAL ACCTNG & CONSULTING SVCS INC 1216 OAKFIELD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 City Zip Code 85 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 reinstaling) OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE □ DELETE ☐ Change Addition 1.1 TITLE NAME BYRD, JOSEPH M. 1.2 NAME CR2E034 2601 WATROUS AVE. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BYRD, JUNE H. NAME 22 NAME STREET ADDRESS 2801 WATROUS AVE. 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAM8 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 16 To 150 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 in address