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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

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CLAUDE G. HUNTER, JR., INC. Principal Place of Business Mailing Address 620 E. COLONIAL DR. 620 E. COLONIAL DR. PO BOX 531166 PO BOX 531166 DO NOT WRITE IN THIS SPACE ORLANDO FL 32853 ORLANDO FL 32853 3. Date Incorporated or Qualifed 05/25/1989 4. FEI Number Aprilied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-2957256 \$8.75 Additional Suite, Act, #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Cour try Zip 8. This corporation owes the current year intangible Zip IJNo ☐ Yes 30 Persor al Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERMAN, JED Street Acdress (P.O. Box Number is Not Acceptable) 82 180 S. KNOWLES AVE. WINTER PARK FL 32789 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered renseance the provisions of sections do used and our roots, months state of florids. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI: Registered Agent signature required when reinstating) Signature, typed or printed nai ie of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change TITLE DELETE 1.1 TITLE 12 NAME NAME HUNTER, CLAUDE G., JR. 1.3 STREET ADDRESS STREET ADDRESS 620 E. COLONIAL DR. ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE NAME STEEB, NANCY A. 2.2 NAME STREET ADDRESS 620 E. COLONIAL DR. 2.3 STREET ADDRESS CITY-ST-ZIF ORLANDO FL 2. 4 CITY-ST-ZIP

Change DELETE ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition __ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

4. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or rify that the information indicated on this annual report or supplemental a inval report is true 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 trustee exprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges for on an attache and decise, with all other fike empowered.

SIGNATURE

SIGNATOR E AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

J CLAUSE 6. HUNTER JR 4/26/9 (407) 841-1080

CR2E034 (11/98)