FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # L00593 (8)EPIC INVESTMENTS, INC. Principal Place of Business Mailing Address 2611 BAYSHORE BLVD 2611 BAYSHORE BLVD TAMPA FL 33629-7340 DO NOT WRITE IN THIS SPACE TAMPA FL 33629-73# LIS 3. Date Incorporated or Qualified 07/03/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2958301 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 Personal Property Tax due June 30. 29 30 ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEYCK, JOSEPH G JR. SUITE 1240, BARNETT PLAZA Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD. 83 **TAMPA FL 33602** 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. G Heyek Jr Joseph SIGNATURE (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition NAME DRESSLER, EDITH N. 1.2 NAME 2611 BAYSHORE BLVD. 1807 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33629-73#2 71 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST~ZIP DELETE TITLE 3.1 TITLE Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE Change 4.1 TITLE Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE ___ Addition NAME 5.2 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 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 chapted, or on an algorithment with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

1/5/98

813-251-6497

Change

Addition