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

Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L11740 IRM SERVICES, INC. Principal Place of Business Mailing Address 7800 BELFORT PARKWAY. SUITE 200 7800 BELFORT PARKWAY, SUITE 200 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2967106 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 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 This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FROST, TOMMYE MOREHEA Name C/O GUARANTY REASSURANCE CORP 82 Street Address (P.O. Box Number is Not Acceptable) 7800 BELFORT PARKWAY, SUITE 200 **B3** JACKSONVILLE FL 32256 84 City 85 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 lamiliar 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change TITLE 1.1 TITLE ERICSON, JOHN M. JR. NAME 1.2 NAME 7800 BELFORT PARKWAY, SUITE 200 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE JACKSON, DARRYL R NAME 2.2 NAME 7800 BELFORT PARKWAY, SUITE 200 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY - ST - ZiP DELETE Change Addition 3.1 TITLE TITLE FROST, TOMMYE MOREHEA NAME 3.2 NAME 7800 BELFORT PARKWAY, SUITE 200 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 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 STREET ADDRESS 5.3 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 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 it changed or on an attachment with an address.

FILED