FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L38276 (6)PRO PATH, INC. Principal Place of Business Mailing Address 12128 PATTERSON AVENUE PORT CHARLOTTE FL 33981 12128 PATTERSON AVENUE PORT CHARLOTTE FL 33981 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0178931 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 Yes Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SATTERFIELD, CHARLES P. 12128 PATTERSON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33981 City Zip Code 85 11. Pursuent 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, typed or printed name of registured agont and title if applicable (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TiTLE Change Addition NAME SATTERFIELD, CHARLES P. 1.2 NAME 12128 PATTERSON AVE. STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME SATTERFIELD, DAWN E. 2.2 NAME STREET ADDRESS 12128 PATTERSON AVE. 2.3 STREET ADDRESS PORT CHARLOTTE FI. CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Addition TITLE BUSKIRK, ELIZABETH ANN NAME 3.2 NAME 1940 PENNSYLVANIA AVENUE STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE

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 is 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 chapter 607 and a statutes.

5.2 NAME

61 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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