FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name L39041 (3) DAVID L. RENNIE, INC. Principal Place of Business Mailing Address % KIMBERLY G. DENTE * KIMBERLY G. DENTE 726 BAMBO DRIVE SOUTH 726 BAMBO DRIVE SOUTH DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 12/29/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For i Not Applicable 8100 Park PLVD 65-0240754 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired A - 47 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. Yes Yes 30 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent DENTE, KIMBERLY G. m Ber 5858 EMERSON AVE. S 82 ST. PETERSBURG FL 33707 83 Zip Code 33/1/0 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 Social Statutes. SIGNATURE Stonature, typnd n of registered agent and title thapplicable ered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGE DELETE Change TITLE 1.1 TITLE RENNIE, DAVID L. 1.2 NAME DAUID NAME CR2E034 BLUP A 726 BAMBOO DR. S. STREET ADORESS 1.3 STREET ADDRESS ST. PETERSBURG FL FLA 1.4 CITY-ST-ZIP CHY-SI-7P DELETE Addition TITLE 21 TIFLE DENTE, KIMBERLY NAME 2.2 NAME 3731 17TH AVENUE, NORTH STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE ☐ Change ☐ Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TIFE F 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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 TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 an additional statutes.

SIGNATURE:

813