SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 23 1996 8:00 am
Secretary of State

DOCUMENT # L39601 (4)

1. Corporation Name

DIVOT CORPORATION

Principal Place of Business	Mailing Address
442 WEST KENNEDY BLVD. SUITE 200 TAMPA FL 33606 US	442 WEST KENNEDY BLVD. SUITE 200 TAMPA FL 33606 US

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 07/11/1995
4. FEI Number: 65-0187487 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 172067
Suite, Apt #, etc.
27
City & State
28 TAMPA, FLORIDA
Zip 29 33672-2067 Country 30 USA

9. Name and Address of Current Registered Agent

CELLURA, JOSEPH R.
442 WEST KENNEDY BOULEVARD
SUITE 200
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	☐ DELETE
NAME	CELLURA, JOSEPH R.	
STREET ADDRESS	P.O. BOX 3239	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ DELETE
NAME	ROWLEY III, CHARLES B.	
STREET ADDRESS	256 FRANKLIN ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	PD	☐ DELETE
NAME	KNIGHT, ELLEE M.	
STREET ADDRESS	P.O. BOX 3239	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ST	☐ DELETE
NAME	KATHLEEN J. MILLER ,	
STREET ADDRESS	253 MERRITT SQ., #125	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	☑ Change ☐ Addition
3.2 NAME	ELLEE M. KNIGHT	
3.3 STREET ADDRESS	P.O. BOX 3591	
3.4 CITY-ST-ZIP	PLANT CITY, FL 33564	N/A
4.1 TITLE	S/T	☑ Change ☐ Addition
4.2 NAME	KATHLEEN J. MILLER	
4.3 STREET ADDRESS	P.O. BOX 172067	
4.4 CITY-ST-ZIP	TAMPA, FL 33672-2067	N/A
5.1 TITLE	900001931489	☐ Change ☐ Addition
5.2 NAME	-08/26/96--01008--034	
5.3 STREET ADDRESS	***701.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CNC 8/23/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen J. Miller KATHLEEN J. MILLER 8/5/96 813 251 1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0102852 CP