FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name (8) FIRST MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 11873 NARROW OAK LANE SOUTH 11873 NARROW OAK LANE SOUTH JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2995141 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALTERMAN, LEONARD Name 9116 CYPRESS GREEN DRIVE SUITE 207 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 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. CHARLES T. NICHOLAS 1-7-98 SIGNATURE of registered agent and title if a (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change NICHOLAS, CHARLES T NAME 1.2 NAME 11873 NARROW OAK LANE SOUTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change 3.1 TITLE ___ Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE Change Addition 4.1 TITLE 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 CiTY-ST-ZiP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition

officer or director or the corporation of the leadern with an address. Block 12 or Block 13 if changed, or on an attachment with an address (904) 262-0061 SIGNATURE:

6.2 NAME

14. I hereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP