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

Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L78833 (5) BURT SHERWOOD AND ASSOCIATES, INC. Principal Place of Business Mailing Address 8415 MIDNIGHT PASS RD., #206 6415 MIDNIGHT PASS RD., #206 SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65:0202193 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Z(p)Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. X Yos 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHERWOOD, BURT 6415 MIDNIGHT PASS RD. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34242 83 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 familiar 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: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 11 TITLE Change SHERWOOD, BURT NAME 1.2 NAME CR2E034 6415 MIDNIGHT PASS RD. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SHERWOOD, JASON W NAME 2.2 NAME 6415 MIDNIGHT PASS RD. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34242 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE SHERWOOD, ANNE W NAME 3.2 NAME 6415 MIDNIGHT PASS RD. 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE LYLE, ELLEN S NAME 4.2 NAME 9300 ARABIAN AVENUE STREET ADDRESS 4.3 STREET ADDRESS VIENNA VA 22182 CITY-ST-ZIP 4.4 CITY - ST - ZIP Change TITLE DELETE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME **6.2 NAME**

6.3 STREET ADDRESS

4. 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 or suppliemental 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 this 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 address.

STREET ADDRESS

SIGNATURE:

FILED

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