File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITĘD LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUN -3 AM 8: 11 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000219 1a. Principal Place of Business Address THE GROTHE-FOLTZ GROUP, L.C. 4112 STAFFORDSHIRE DRIVE 4112 STAFFORDSHIRE DRIVE LAKELAND FL LAKELAND FL 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation LAKE LAND, FC , 4117 STAFF01205H11 02/19/1997 ite, Apt. #, etc. Suite, Apt. #, etc. 02/19/1997 Applied For City & State

City & State

LAKELANO, PL.

Zip

Country

Country

Zip

Country 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BARKER, HAROLD E R Street Address (P.O. Box Number Is Not Acceptable) 5640 SOUTH FLORIDA AVENUE LAKELAND FL Sulte, Apt. #, etc. 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registured Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Business Street Address 10. Title Managing Members/Managers City, State and Zip Code MEM GROTHE, ERNEST 4112 STAFFORDSHIRE DRIVE LAKELAND FL MEM FOLTZ, GARY 4112 STAFFORDSHIRE DRIVE LAKELAND FL 300002549293---2 -06/05/96--01087--005 ****188.75 ****188.75 11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. Sine of & Grocke

ERUEST H. GROTHE 2/24/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Dato Daylinic Phono #

SIGNATURE: _