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

May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name M06685 (5) DRI-DEK CORPORATION Mailing Address Principal Place of Business 2706 S. HORSESHOE DR. 2706 \$. HORSESHOE DRIVE P. O. BOX 8839 P.O. BOX 8839 DO NOT WRITE IN THIS SPACE NAPLES FL 33941 NAPLES FL 33941 3. Date Incorporated or Qualified 10/19/1984 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-2455997 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ No 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WESLEY M. ROBINSON Edward Johnson 45TH FLOOR Street Address (P.O. Box Number is Not Acceptable) 62 200 SQ.BISCAYNE BLVD c/o Cheffy Passidomo Wilson & Johnson 83 **MIAMI FL 33131** 821 Fifth Avenue South #201 City 84 85 Zip Code Naples 34102 107, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered policy 607,0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607 0502 ar office or registered agent, or John, in the State of (F. Edward Johnson) SIGNATURE (NOT): Registered Agent signature required when rainstating) LICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE THOMSON, PATRICK H NAME 1.2 NAME STREET ADDRESS P.O.BOX N 3813 N/A 1.3 STREET ADDRESS **N**ASSAU BAHAMAS FL 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 trusfet 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.

4/28/08

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