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

CATY-ST-ZIP

SIGNATURE:

14. Thereby certify that the information supplied with this filing doe indicated on this annual report or supplemental annual report of free or director of the corporation or the receiver or mining Block 12 or Block 13 if changed or on an appropriate an appropriate and appropriate and

PROFIT May 01 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M86678 (3)DENT & COOK, P.A. Principal Place of Business Mailing Address JOHN C. DENT. JR. P.O. BOX 3269 330 S. ORANGE AVE. SARASOTA FL 34230 DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 3. Date Incorporated or Qualified 06/20/1988 2. Principal Place of Business 2a. Mailing Address Applied For 65-0057709 21 26 Not Applicable Suite, Apt. #, etc. Suite, 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 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DENT, JOHN C.,JR. 330 S. ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 City 84 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 little if applicable (NOTE: Registered Agent signature requ red when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DENT, JOHN C., JR. CR2E034 NAME 1.2 NAME 103 SANDDOLLAR LN. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE SD 2.1 TITLE NAME COOK, JOHN F. 22 NAME STREET ADDRESS 617 CALLE DE PERU 2.3 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE __ Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the app accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/24/98

(441)952-1070

FILED