CITY-ST-ZIP

SIGNATURE:

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M97792 (9) DREW FINANCIAL GROUP, INC. Principal Place of Business Mailing Address C/O TOBY J. DREW C/O TOBY J. DREW 4715 FIELDER ST 4715 FIELDER ST DO NOT WRITE IN THIS SPACE TAMPA FL 33611 TAMPA FL 33611 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 21 +7715 FIGUR Mailing Address FEI Number Applied For 5'Am 59-2922493 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Personal Property Tax due June 30. 29 30 and Address of Current Registered Agent 10. Name and Address of New Registered Agent DREW, TOBY J. 4715 FIELDER ST. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33611 83 Zip Code 11. Pursuant to the provisions of Soctions 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.

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SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE TITLE ☐ Change DREW, TOBY J. NAME 1.2 NAME CR2E034 4715 FIELDER ST STREET ADDRESS 1.3 STREET ADDRESS TAMPA 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 DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 33 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-ZIP DELETE Change Addition TOLE 5.1 TOTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 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 of the co