FILE NOW: FILING FEE IS \$61.25 FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (8)MAN TO MAN, INCORPORATED Principal Place of Business Mailing Address 910 CONTENTO STREET 910 CONTENTO STREET 3. Date Incorporated or Qualified SARASOTA FL 34242 SARASOTA FL 34242 08/09/1991 4. FEI Number Applied For 65-0279577 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 COPPINGER, BOIES P., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 910 CONTENTO STREET 83 SARASOTA FL 34242 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MULLEN, JAMES F. NAME 1.2 NAME R2E037 *9750 BONAVENTURE OT-STREET ADDRESS 1.3 STREET ADDRESS -SARASOTA-FL-1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE President, Director Addition 2.1 TITLE TITLE PSO STULTS, ELWIN M., III 22 NAME NAME 440 Island Circle 4417 MINK RD. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL Sarasota, FL 34242 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE Addition TITLE Secretary, Treasurer, Director COPPINGER, BOIES P., JR. 3.2 NAME NAME 910 CONTENTO ST. 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Vice President, Director Channe M Addition TITLE 4.1 TITLE Schneider, Bernard R. NAME 4. 2 NAME 3983 Prairie Dunes Dr. STREET ADDRESS 4.3 STREET ADDRESS Sarasota, FL 34238 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE

6.2 NAME

14. I 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Boies P. Coppinger, Jr. 201

6.3 STREET ADDRESS

[941] 349-1719

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP