FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Feb 09 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 N95000001428 (0) DOCUMENT # AUGUSTINE HOUSE, INC. Principal Place of Business Malling Address 631 26TH AVE. N. 631 26TH AVE. N. 3. Date Incorporated or Qualified ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 03/24/1995 4. FEI Number Applied For 59-3311226 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BRIDGEFORD, PAUL Street Address (P.O. Box Number is Not Acceptable) 631 28TH AVE N ST PETERSBURG FL 33704 83 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ___ Addition 1.1 TITLE TITLE BRIDGEFORD, PAUL NAME 1.2 NAME 631 28THA VE N STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE **\$WEENEY, DON** 2.2 NAME NAME 3350 ULMERTON RD SUITE 10 2.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 2. 4 CITY-ST-ZIP CITY - ST - ZIP ■ Addition DELETE Change 3.1 TITLE TITLE GRATZOL, KURT 3.2 NAME NAME 417 12TH AVE N 3.3 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 3.4 CITY-ST-7IP CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change ☐ Addition TITLE TETREAULT, VIC NAME 4 2 NAME 683 ISLAND WAY STREET ADDRESS 4.3 STREET ADDRESS **CLEAWATER FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE WAHKING, HAROLD NAME 5.2 NAME 112 70TH ST S 5.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 5.4 CITY - ST - ZIP CITY-ST-ZIP 300002426445 -02/10/98-01037-003 DELETE Addition 6.1 TITLE TITLE NERI, BOB 6.2 NAME NAME **6822 22ND AVE N** 6.3 STREET ADDRESS STREET ADDRESS ***61,25 ST PETERSBURG FL 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 chapter 617, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes.

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