FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004885

1. Corporation Name: Scalphunters, Inc.

Principal Place of Business: Mason Riles, 101 Westridge Dr., Tallahassee, FL 32304

Mailing Address:

3. Date Incorporated or Qualified: 9/18/95

3a. Date of Last Report:

2. Principal Place of Business
21: 101 Westridge Dr.
22: Suite, Apt. #, etc:
23: City & State: Tallahassee FL.
24: Zip: 32304
25: Country:

2a. Mailing Address
26: 101 Westridge Dr.
27: Suite, Apt. #, etc:
28: City & State: Tallahassee FL.
29: Zip: 32304
30: Country:

4. FEI Number: See addendum ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

David Allen Roberts, Esq.
200 Westminister Dr.
Tallahassee, FL 32304

10. Name and Address of New Registered Agent

81 Name: David Allen Roberts, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 200 Westminister Dr.
83:
84 City: Tallahassee **FL** 85 Zip Code: 32304

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: David A. Roberts (Signature required for printed name of Registered Agent and Title, if applicable) David Allen Roberts Esq (If #10: Registered Agent Signature required when reinstating) DATE: 8/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President & D. Mason Riles 101 Westridge Dr Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P. & D. Scott Jenkins 420 Indian Village Way Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Treasurer & D. Blair Mendez 1355 Warrior Way Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Secretary & D. Mike Olburn 810 W. Tennessee St Tallahassee, FL. 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	900001915919 -08/08/96--01016--[illegible] 023 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lee M. Riles — Lee Mason Riles — 8/6/96 (Date) — (904)516-7702 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS 8/7/96