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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90284 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005087

1. Corporation Name
Lincoln Boys Soccer, Inc.

Principal Place of Business
3838 Trojan Trail
Tallahassee, FL 32311

Mailing Address
c/o Claire Davis
4430 Baum Road
Tallahassee, FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10-27-95

4. FEI Number
59-3368093
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Miguel Olivella
2805 Shamrock, N.
Tallahassee, FL 32308

10. Name and Address of New Registered Agent

81 Name: Albert C. Penson
82 Street Address (P.O. Box Number is Not Acceptable): 2810 Remington Green Circle
83
84 City: Tallahassee FL 85 Zip Code: 32308

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: Albert C. Penson — 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	Steve Keller		1.2 NAME	Russ Tarin	
STREET ADDRESS	5552 Pimlico Drive		1.3 STREET ADDRESS	1548 Alshire Court, N.	
CITY-ST-ZIP	Tallahassee, FL 32308		1.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	V/D	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	Steve Carter		2.2 NAME	Phyllis Hayes	
STREET ADDRESS	5712 Grassland Road		2.3 STREET ADDRESS	1512 Lochinvar Lane	
CITY-ST-ZIP	Tallahassee, FL 32311		2.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	S/D	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	Claire Davis		3.2 NAME	Claire Davis	
STREET ADDRESS	Route 7, Box 838		3.3 STREET ADDRESS	4430 Baum Road	
CITY-ST-ZIP	Tallahassee, FL 32308		3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Jeanne Heitmeyer		4.2 NAME		
STREET ADDRESS	1242 March Road		4.3 STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32311		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire Davis — Claire Davis — 5/3/99 — 422-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #