DOCUMENT # N9900002317 1. Entity Name FLORIDA CTC, INC.						FILED OOMAY-9 PM 1:44			
Principal Place of Business Mailing Address 200 WEST FORSYTH ST. STE. 1730 200 WEST FORSYTH ST. STE						SECRETARY OF STATE TABLE ARABISEE; FLORIDA			
200 WEST FORSYTH ST. STE. 1730 200 WEST FORSYTH ST. STE JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4359				•					
2. Principal Place of Business 7990 114th Avenue 7990 114th Avenue				ue :					
Suite, Apt. Suite 2	Suite, Apt. #, etc. Stite 2	·			DO NOT WRITE IN THIS SPACE				
City & State	e	City & State			4. FEI Numb	er		plied For	
Largo,	FLCountry	Largo, FL	Cou	ntry		·	\$8.75 Add	t Applicable	
-33773 <u>-</u> 5		33773-5026			5. Certificate	of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DRAUGHON, RICHARD S 200 WEST FORSYTH ST. STE. 1730 JACKSONVILLE FL 32202				Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
•				City Ta	allahassee	F	Zip Code 3230	e)1 .	
Signature .	XULLIOTAL VI. Signature, typed or printed name of registered agent a.	nd title if applicable. (NOTE.	Registered	as its Agent signature). Skipper agent required when reinstating)	DA			
FILE NOW: FEE IS \$61.25		Selection Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees		Make Check Payable to Department of State			
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Brian A. Manty 7990 114th Avenue, S Largo, FL 33773-5026	□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice Presid Woodrow W. Allen 7990 114th Avenue, S Largo, FL 33773-5026	uite 2		ſ			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					з	0000324	□ Change 441 3-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				- :	☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE	:			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP			KE		
12. hereby c	certify that the information supplied with	this filing does not qualify for t	the exer	nption stated	d in Section 119.07(3)	(i), Florida Statutes. I further	certify that the in	nformation	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

5/3/2000

814/269-2461