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

FILED Jan 15 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) BHI MARKETING, INC. Mailing Address Principal Place of Business 4731 MEADOWVIEW CIRCLE 4731 MEADOWVIEW CIRCLE SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1988 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 76-0079999 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOWARD, ROBERT EDWARD 4731 MEADOWVIEW CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34233 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition DELETE 1.1 TITLE Change TITLE PTD HOWARD, ROBERT E. 1.2 NAME NAME 4731 MEADOWNEW CIRCLE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE VSD HOWARD, CHRISTINE 2.2 NAME NAME 4731 MEADOWVIEW CIRCLE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-St-7IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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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 of suppliemental 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 of the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

address.

on an attachment with

CITY-ST-ZIP

Block 12 or Block 13 if change