PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # P92000003913 "A" TEAM ENTERPRISES, INC. OF HERNANDO Principal Place of Business Mailing Address 15300 STATE STREET BROOKSVILLE FL 34609 15300 STATE STREET BACOKSVILLE FL 34809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/12/1992 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 59-3151132 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, atc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year intengible 25 24 30 Personal Property Tex. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent. Name TRUDELL, SUE 82 Street Address (P.O. Box Number is Not Acceptable) **15300 STATE ST. BROOKSVILLE FL 34609** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiary seth, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE tered Agent eigrature required when retretation CR2E034 (11/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 7MLE 1.1 TITLE Change TRUDEL, JOHN NAME 12 NAME STREET ADDRESS 15300 STATE RD. 1.3 STREET ADDRESS **BROOKSVILLE FL 34609** CITY-ST-ZIP 14 CTY-57-2P DELETE Addition TITLE 2.1 TITLE ☐ Change TRUDEL, SUE HAME 22 NAME 15300 STATE ST. STREET ADDRESS 23 STREET ADDRESS BROOKSVILLE FL 34609 2.4 CITY-51-ZP CITY-SY-ZIP DELETE TITLE 3.1 T/TLE ☐ Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZP 34. CITY-ST-ZIP DELETE ☐ Addition MAG 4. 2 NAME STREET ADDRES 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 TITLE Change [] Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CATY-ST-2P TITLE DELETE 61 TOLE Change 62 NAME NAME

63 STREET ADDRESS

VO OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRES