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

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

FILED Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P92000006219 (9) DOCUMENT # BRIGGS ENTERPRISES, INC. Principal Place of Business Mailing Address 8318 SW 57TH PL 8318 SW 57TH PL GAINESVILLE FL 32000 GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3154285 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRIGGS, LORRAINE 8318 SW 57TH PL Street Address (P.O. Box Number is Not Acceptable) Gainesville fl 32608 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 objections of Section 607 0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ___ Addition BRIGGS, THOMAS NAME 1.2 NAME 8318 S.W. 57TH PLACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32608** 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change TITLE 2.1 TITLE Lorraine NAME 'sw 57th blace 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TIRE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

> > POICE 4/8/98 352-372-3000

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.