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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State **DIVISION OF CORPORATIONS**

P93000012987 (2)

H.F. CUNNINGHAM & ASSOCIATES, INC.

FILED Mar 05 1998 8:00am Secretary of State

| THE COMMINING A ROCCONTECT INC. | | | | | | |
|---|---|------------------------------------|--|--|---|--|
| Principal Place | a of Rusiness | Mailing Address | | | ALIE Brio r fi dag stall filli di f alit i t di | |
| Principal Place of Business 1031 ELLINGTON DR #4 | | 1031 ELLINGTON DR #4 | | | | |
| TALLAHASSEE FL 32304 | | TALLAHASSEE FL 32304 | | | | |
| | | | | | IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | | |
| 2 Principal Pi | ace of Business | 2a. Mailing Address | | 02/19/1993 4. FEI Number | Applied For | |
| ^ · | 3 Arvah Branch Bl | 26 2493 Arvah | Branch Bl | | Not Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | 2.440100 | | 60 7E | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | . – | City & State | CI | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 19/14 | MASSEC PL. | 28 lallahasse | Country | Trust Fund Contribution | Added to Fees | |
| ᇑᢡ᠒ᢈ | 08 25 Country | 27 32308 3 | ¬ ' | This corporation owes or has pail Personal Property Tax due June | / \ | |
| 24) ~] | 9. Name and Address of Current | | | 10. Name and Address of New Re | | |
| CUNNINGHAM, HUGH E 81 Name | | | | | | |
| 1021 ELINOTON DO 44 | | | | disease (D.O. Doy Number in Net Assentab | la) . | |
| TALLAHASSEE FL 32304 | | | dress (P.O. Box Number is Not Acceptab | ₹ \√ \ | | |
| | | | B3 | | | |
| | | | 84 City | | les Zin Codo | |
| | | | ' (6 | illahassee | FL 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, here familiar with, and accept the obtigations of, Section 607.0505, Florida Statutes. | | | | | | |
| agent. Lean familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | Junt 1. home | | 3 3 78 | | | |
| 12. | Signature, tyled or printed name of registered at int OFFICERS ADD | | Registered Agent signature re | equired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE DIRECTORS IN 12 | |
| TITLE | P | DELETE | 1.1 TITLE | ADDITIONS/OFFANGES TO OFFICE | Change Addition | |
| NAME | CUNNINGHAM, HUGH E | | | | 7 - 1 | |
| STREET ADDRESS | 1031 ELLINGTON DR., #4 | | 1.3 STREET ADDRESS | 2493 Awah Branch Tallahassec, FL 3 | . Blvd | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | | 1.4 CITY-ST-ZIP | Tallahassee FL 3 | 2308 | |
| TITLE | | DELETE | 21 TITLE | , | Change Addition | |
| NAME | | | 2.2 NAME | | , | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition | |
| NAME | | בַ טכנונ | 4.1 ITILE 4. 2 NAME | | Circularge Circulari | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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 | | İ | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |
| 14. I hereby co | ertify that the information supplied with | this filing does not qualify for t | he exemption stated | in Section 119.07(3)(i), Florida Statutes. I f | urther 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 changes, or on an attachment with an appears.

3/2/98 (850)947=7068