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

FILED Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION . * Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000014761 (9) W.W. ERWIN, INC. Principal Place of Business Mailing Address 5065 NORMANDY BLVD 5065 NORMANDY BLVD. JAX FL 32205 JAX FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-3172910 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Ζıρ Country 200 Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ERWIN, WILLIAM W 7603 LEM TRUNER RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32208 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. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE (NOTE Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition ☐ Change TITLE ERWIN, WILLIAM W JR NAME 1.2 NAME 7603 LEM TURNER RD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ERWIN, WILLIAM W SR 2.2 NAME NAME 7603 LEM TURNER RD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 DITY-ST-ZIP Addition DELETE Change 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 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 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

6.1 TIFLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

Change

Addition

CR2E034 (10/97