FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000029002 (1) PC SYSTEMS OF KENTUCKY, INC. Principal Place of Business Mailing Address 461 EASTERN BY-PASS 461 EASTERN BY-PASS SHOPPER'S VILLAGE SHOPPER'S VILLAGE DO NOT WRITE IN THIS SPACE RICHMOND KY 40475 RICHMOND KY 40475 3. Date Incorporated or Qualified 04/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 <u>61-1241287</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FASON, STEWART E 7 DUKE DR Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33480 83 84 City 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 when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition FASON, STEWART E NAME 1.2 NAME 7 DUKE DR STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33480 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE

6.4 CITY - ST- ZIP 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.

3.2 NAME

4 1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

6066245000

Change

Change

Change

CR2E034

Addition

Addition

Addition

Addition

Addition

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

□ No

Not Applicable