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

**FILED** Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000041333 (4) SEAL-IT FRANCHISING, INC. Principal Place of Business Mailing Address 3791 SILVER STAR RD 3791 SILVER STAR RD ORLANDO FL 32808 ORLANDO FL 32908 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1993 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3188709 Not Applicable 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 Trust Fund Contribution Added to Fees 28 Ζıρ Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agen 9. Name and Address of Current Registered Agent R1 Name Beyer, David A % RUDNICK & WOLFE Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD SUITE 2000 83 TAMPA FL 33602-5133 64 City 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 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE DAVIS, ROLAND NAME 1.2 NAME CR2E034 3791 SILVER STAR RD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information su

indicated on this annual ropor officer or director of the corpo-Block 12 or Block 13 if change

NAME

STREET ADDRESS

CITY - ST - ZIP

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information or into an accurate and that my signature shall have the same legal effect as if made under oath; that I am an a register or truffly to to bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

407-299-6400