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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058734 (3)

DAVID M. BUSH & ASSOCIATES, INC. Principal Place of Business Mailing Address 4191 SAN JUAN AVENUE JACKSONVILLE FL 32210 4191 SAN JUAN AVE. JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1993 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 26 59-3196203 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country This corporation owes or has paid the current year Intangible Y Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COHEN, LANCE P 1723 BLANDING BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 102 83 JACKSONVILLE FL 32210 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 1.3 TITLE TITLE BUSH, DAVID M 1.2 NAME NAME 7969 LE MANS DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY -ST - ZIP DELETE Change Addition TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

brigh Bull DAND MESSH

DELETE

1/08/97

904-387-1959

Change

Addition

FILED

Jan 16 1998 8:00am

Secretary of State

CR2E034 (10/97)