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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062393

1. Corporation Name
SOFTWARE Publishers Group

1712 KINGSLEY AVE
Suite 6
ORANGE PARK, FL 32073

PO BOX 2364
ORANGE PARK, FL
32067-2364

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 8049 ARLINGTON EXPWY
Suite, Apt. #, etc.
22 Suite 11
City & State
23 Jacksonville FL
Zip 24 32211 County 25 DUVAL

2a. Mailing Address
26 PO BOX 350057
Suite, Apt. #, etc.
27
City & State
28 Jacksonville Fla
Zip 29 32235-0057 Country 30 DUVAL

3. Date Incorporated or Qualified

4. FEI Number
59-3205216
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name BARRY & AMBACHER
82 Street Address (P.O. Box Number is Not Acceptable)
2450 RIVER PLACE TOWER
83 1301 RIVER PLACE BLVD
84 City Jacksonville FL 85 Zip Code 32207

11. Pursuant to the provisions of Section 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 Barry B. Ambacher 5/29/98
(Signature of new registered agent, if changing) (Print name of new registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, Treasurer	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	William K. Hibbard		12 NAME	
STREET ADDRESS	9656 HARBOUR VIEW CT		13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32225		14 CITY-ST-ZIP	
TITLE		☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Jeffrey J. Clarke		22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE	GARY GARRIAN, T.S.	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS	8049 ARLINGTON EXP SUITE 11		33 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32211		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 report or supplemental requirement 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 added above.

SIGNATURE: William K. Hibbard 5-28-98 904-727-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

CR2E034 (10/97)