

Division of Corporations

Page 1 of 1

P93000085421

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4000

From:

Account Name : RUDNICK & WOLFE
Account Number : 076424002364
Phone : (813) 229-2111
Fax Number : (813) 229-1447

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

26360.69.00

REGISTERED AGENT CHANGE

FIRSTRY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

R.A. Change

6-28-99

D. CONNELL JUN 28 1999

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT OR BOTH FOR CORPORATIONS**

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Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation incorporated under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FIRSTRY, INC.
2. The mailing address of the corporation is: 1745 W. Fletcher Avenue, Tampa, FL 33612
3. Date of incorporation/qualification: 12/13/93 Document number P93000085421
4. The name and address of the current registered agent and office:

Mark O. Hackner
1745 W. Fletcher Avenue
Tampa, Florida 33612

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5. The name and address of the new registered agent and office:

Michael P. Rice
1745 W. Fletcher Avenue
Tampa, Florida 33612

The street address of its registered office and the street address of the business office of its registered agent, As changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

6-23-99

(Date)

Mitchell F. Rice, Vice President

(Printed or Typed Name and Title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

6-23-99

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

CR2E045(7/97)

DIVISION OF CORPORATION

P.O. BOX 6327

TALLAHASSEE, FL 32314

Prepared by: John T. Diamandis

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