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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9400000	4222
INDEDENDENT DAG	ALECAL SERVICES	INC



Mailing Address Principal Place of Business 7301 TWELVE OAKS BLVD 7301 TWELVE OAKS BLVD TAMPA FL 33634 TAMPA FL 33634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/10/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3221266 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Zlp Country Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KEITHLY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 7301 TWELVE OAKS BLVD TAMPA FL 33634 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 ferreliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition TITLE **CR2E034** KEITHLY, BARBARA 12 NAME 7301 TWELVE OAKS BLVD 1.3 STREET ADDRESS STREET ADDRES TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 37 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 817THE TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: