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

FILED Mar 26 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 #** P94000024959 (6) C & A FINANCIAL GROUP, INC. Principal Place of Business Mailing Address -8824-BE-DIXIE-HIGHWAY PO BOX 3000 STUART FL 34995 STUART FL 04997-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0480087 26 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHLEMMER, JACK -3824 SE DIXIE HIGHWAY-82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 Feacral 83 64 City Zip Code 34996 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. <u>inkammer</u> Cesousian SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 11 TITLE CHRISTENSON, NEILS P NAME 1.2 NAME 789 S. Federal Hay, Suite 304 -9024 SE DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 21 Till E TITLE SCHLEMMER, JACI NAME 2.2 NAME 5. Federal Huy, Suite 304 3824 SE DIXIE HIGHWAY-129 2.3 STREET ADDRESS STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE. NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

CITY-ST-ZIP 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 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS

DELETE

2/20/08

511-287-2100

Change

Addition