FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000053122 (5) DOCUMENT # RALLY ORGANIZERS, INC. Principal Place of Business Mailing Address 135 PLANTATION DR. 135 PLANTATION DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 59-3258595 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes ☐ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BEALS, ROBERT L 505 NORTH ORLANDO AVE. Street Address (P.O. Box Number & Not Acceptable) 82 COCOA BEACH FL 32932-0757 83 138 City 84 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 Elocida. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TALE 1.1 TITLE MCDANIEL, LARRY **2E034** NAME 1.2 NAME 135 PLANTATION DR. STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition

6.2 NAME

6.3 STREET ADDRESS

arry McDaniel

6.4 CITY - ST-ZIP 14. Thereby 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 recoiver 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 charged, or on an attachment with an address.

NAME

STREET ADDRESS

CITY-ST-ZIP