**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082079 (2)

1. Corporate Name
LISTMART OF FLORIDA, INC.

Principal Place of Business
1900 ALAQUA DR
LONGWOOD FL 32779

Mailing Address
1900 ALAQUA DR
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1994

3a. Date of Last Report:

2. Principal Place of Business — 21
Suite Apt # or Bldg — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite Apt # or Bldg — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: 59-3278215 — 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HACKETT, DOUGLAS S
1900 ALAQUA DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Name of Registered Agent — Name and Title of Officer — Date

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | COULTER, MARK R |
| STREET ADDRESS | 2000 SHAWNEE MISSION PKWY SUITE 235 |
| CITY, ST, ZIP | SHAWNEE MISSION KS 66205-3601 |
| TITLE | D |
| NAME | HACKETT, DOUGLAS S |
| STREET ADDRESS | 1900 ALAQUA DR |
| CITY, ST, ZIP | LONGWOOD FL 32779 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1. TITLE | | ☐ Change ☐ Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | | |
| 4. CITY, ST, ZIP | | |
| 5. TITLE | | ☐ Change ☐ Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY, ST, ZIP | | |
| 9. TITLE | | ☐ Change ☐ Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY, ST, ZIP | | |
| 13. TITLE | | ☐ Change ☐ Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | | |
| 17. TITLE | | ☐ Change ☐ Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | | |
| 20. CITY, ST, ZIP | | |
| 21. TITLE | | ☐ Change ☐ Addition |
| 22. NAME | | |
| 23. STREET ADDRESS | | |
| 24. CITY, ST, ZIP | | |
| 25. TITLE | | ☐ Change ☐ Addition |
| 26. NAME | | |
| 27. STREET ADDRESS | | |
| 28. CITY, ST, ZIP | | |

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and 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 of this report or on an attached sheet with an address.

SIGNATURE: MARK R. COULTER — 4/29/95 — 913/226-6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0048172 CP