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

FILED Apr 02 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 # IDH, Inc. p940000007852 Principal Place of Business 1501 PARK AVE., ENST TALLAHASSEE, FL 32301 Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite Apt #. etc Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IGLER + DougHerty, T.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1501 PARK AVE ENET TALLAHASSEE, FL 32301 83 84 City Zip Code 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. SIGNATURE Signature: Typed or priored name of a gisterned agent and tellent applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 11 TITLE ☐ Change ☐ Addition TITLE 1.2 NAME LER, A. GEORGE NAME 13 STREET ADDRESS STREET ADDRESS ISOI PARK AVE, EAST 1 4 CITY - ST - 7IP CITY-ST-ZIP ☐ Change ☐ Addition 2.1 TITLE TITLE DOUGHERTY, EDWARD W. NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP ALLAHASCEE FL 3230) 2. 4 CITY - ST - ZIP Change ☐ Addition 3.1 TITLE TITLE Haughton, Herbert D. Hol Thek Ave. East 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIF DELETE ☐ Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 5 1 T THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZID 100002477350 DELETE 61 FILE TITLE

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 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

63 STREET ADDRESS 6.4 CITY - \$1 - ZIP

6.2 NAME

SIGNATURE: /

NAME

STREET ADDRESS

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