TITLE

NAME

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information st indicated on this annual report or sur-officer or director of the corporation Block 12 or Block 13 if changed

CITY-S1-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000000358 (8) MARK SISK, INC. Mailing Address Principal Place of Business MARK SISK, INC MARK SISK, INC 6102 WEDD ROAD, 1312 TAMPA FL 33615 8102 WESS ROAD, 1312 DO NOT WRITE IN THIS SPACE TAMPA FL 33615 3. Date Incorporated or Qualified 01/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3285903 21 26 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 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SISK, MARK 6102 WEBB RD, 1312 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 84 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 printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NAME SISK, MARK 1.2 NAME 6102 WE88 RD, 1312 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CiTY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE

61 TITLE

62 NAME

6.3 STREET ADDRESS

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in

MRK SISK 4-30-98 813 220-7046

6.4 CITY-ST-ZIP

CR2E034

Addition