FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000007308 (6) **DOCUMENT #** ELC 3, INC. Principal Place of Business Mailing Address 1406 CHAMBERLAIN LOOP 1406 CHAMBERLAIN LOOP LAKE WALES FL 33856 LAKE WALES FL 33856 3. Date Incorporated or Qualified 01/27/1995 3a. Date of Last Report 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 Yes No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EDWARD L. COTTING, ILL **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 1406 CHAMBERLAIN 82 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 84 City LAKE WALES 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fioridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, an accept the obligations of, Section 507.0505, Florida Statutes. 1-20-96 CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE. L 1 Title 6 Change Addition COTTING, EDWARD L NAME 1.2 NAME 1406 CHAMBERLAIN LOOP STREET ADDRESS 13 STREET ADDRESS LAKE WALES FL 33856 CITY - ST - ZIP 14 CITY ST-ZIP THILE DELETE 2 3 TIFLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CiTY - ST - 7IP DELETE 3.1 Title Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3 4 CITY ST-ZIP TITLE DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - \$1 - ZIP THUE DELETE 5 1 TITLE Add:tion Change NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY - ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change Addition Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 C(TY - ST - 7)P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and cloes not qualify for the exemption stated in Section 119.07(3)(b). 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 cath, that I am an officer or director of the composation 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

SIGNATURE: