

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
AMEND
1998



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

DOCUMENT # 95-000012449

1. Corporation Name
FREEDOM I, INC.

Principal Place of Business
502B. W. Fletcher Ave.
Tampa, Florida 33612

Mailing Address

AMENDED

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 502 W. Fletcher Ave.

2a. Mailing Address

26 P.O. Box 1363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27

City & State

City & State

23 Tampa, FL

28 Tarpon Springs, FL

Zip

Country

Zip

Country

24 33612

25 US

29 34688

30 US

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

59-3304136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Allen, C. Stephen, Esq.
Suite 340, 4830 W. Kennedy Blvd.
Tampa, FL 33609

81 Name Allen, C. Stephen, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 335

83 4830 W. Kennedy Blvd.

84 City Tampa

FL 85 Zip Code 33609

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 C. Stephen Allen

09/14/1998

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
Bundy, Greg A.
STREET ADDRESS 502 B. Fletcher Ave.
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ DELETE

NAME D
Bundy, Mary Elizabeth
STREET ADDRESS 502 B W. Fletcher Ave.
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME DP
13 STREET ADDRESS Bundy, Greg A.
14 CITY-ST-ZIP 502 B W. Fletcher Ave.
Tampa, FL 33612

21 TITLE ☒ Change ☐ Addition

22 NAME DS
23 STREET ADDRESS Bundy, Mary Elizabeth
24 CITY-ST-ZIP 502 B W. Fletcher Ave.
Tampa, FL 33612

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME 7000002661167
53 STREET ADDRESS -10/12/98--01004--043
54 CITY-ST-ZIP ***26.25

61 TITLE ☐ Change ☐ Addition

62 NAME 7000002661167
63 STREET ADDRESS -10/12/98--01004--044
64 CITY-ST-ZIP ***35.00

14. I hereby 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.

SIGNATURE: X

MARY BUNDY/Corp. Secty. 09/14/1998 (813) 265-4646

CR2E034 (5/98)