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

FILED PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000021697 (4) PARASTAT, INC. Principal Place of Business Marting Address 6009 21ST AVE. NORTH 6009 21ST AVE. NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1995 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For 59-3305706 Not Applicable 21 28 Suite, Apt. #, etc. Suite, Ap1 #, 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 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILL, DAVID 6009 21ST AVE. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 City Zip Code 11. Pursuant to the provisions of Sections 607.050? 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ■ Addition HILL, DAVID NAME 1.2 NAME 6009 21ST AVE. NORTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE 21 TITLE Change TITLE 22 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP

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 drustee 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 amy chyling with an address.

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS 54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY - ST - ZIP

STREET ADORESS

CITY-ST-ZIP

PAVID HILL PRESIDENT 4/21/98

Addition

Addition

Change