FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # \$ 950000 32800 DIGITAL CONSULTING, INC. Mailing Address Principal Place of Business COUNTACHUBETTS RO 10716 TAMPA, FL 33617 3. Date Incorporated or Qualified 3a. Date of Last Report 1 PA 24,1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Z_{10} X Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent R1 Name JOSEPH R FISHER Street Address (P.O. Box Number is Not Acceptable) 2300 E. OCEAN BLUD 83 STUINT, FL 34996 City Zip Code 84 85 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 egent, 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 Synature, typed or printed name of regioned agent and title if applicable DATE (NOTE: Registered Agenit signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DELETE Change Addition PNES/ THEAS 1.11PU TITLE 1.2 NAME NAME KINK W. HAYNES 10716 CONDINCHUSEHS RA. TAMPA, FL 33617 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2 171716 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY - S1 - ZIP [] DELETE Change Addition 3 1 100 6 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 C/TY-ST-ZIP CITY-ST-ZIP 900001840709 Addition DELETE 4.1 TITLE TITLE NAME -05/28/96--01031--013 4.3 STREET ADDRESS STREET ADDRESS ***200.00 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 2IP CITY-ST-ZIP DELETE 6 1 TITLE TITLE NAME 6.2 NAME

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SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 9/29/96 Priorie 1

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-7/P

6.3 STREET ADDRESS

64 CITY - ST - ZIP

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