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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000041124 (5)

PITCH MASTER, INC.

STREET ADDRESS

SIGNATURE:

Principal Place of Business Mailing Address 11311 NE 40TH ST RD 11311 NE 40TH ST RD

FILED May 08 1998 8:00am Secretary of State



352-629-4775

SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34486 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0604990 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 \$5.00 May Be 5. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SURRENCY, TIMOTHY P 11311 N.E. 40TH STREET RD. Street Address (P.O. Box Number is Not Acceptable) SILVER SPRINGS FL 34488 83 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 title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SURRENCY, TIMOTHY P NAME 1.2 NAME CR2E034 11311 NE 40TH ST STREET ADDRESS 1.3 STREET ADDRESS SILVER SPRINGS FL 34488 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition SURRENCY, HILDA NAME 2.2 NAME 1271 NE 8TH ST STREET ADDRESS 2.3 STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 61 TITLE Change ☐ Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 suppliemental 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.