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

Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000042159 (0) **DOCUMENT #** F&D NORRIS, INC. Principal Place of Business Mailing Address 1345 ROYAL PALM DR 1345 ROYAL PALM DR ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 14004 Roseavelt Blud 1345 ROYAL PALM DR. 59-3314326 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 603 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL. 28 SO PASADENA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA ☐ Yes □ No Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **NORRIS, FRANK L** 1345 ROYAL PALM DR Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33707 83 64 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE NORRIS, DIANNE L NAME 1.2 NAME 1345 ROYAL PALM DR 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33707 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME NORRIS, FRANK L 2.2 NAME 1345 ROYAL PALM DR STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an altachment with an address

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

DELETE

Change

Addition

FILED