FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # P95000045853 (5) AMERICA DIRECT, INC. Principal Place of Business Mailing Address 7830 ELLIS RD. 7830 ELLIS RD. MELBOURNE FL 32904 MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3323305 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RICE, MARK S 7830 ELLIS RD. 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32904** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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: typed or profed name of regelered regeld and fall of applicable (NOT: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TIME RICE, MARK S 1.2 NAME 7830 ELLIS ROAD STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE FL 32904** 1.4 CITY - S1 - ZIP CiTY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE RICE, STEPHANIE A NAME 2.2 NAME 7830 ELLIS ROAD STREET ADDRESS 2.3 STREET ADDRESS **MELBOURNE FL 32904** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change 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 TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CDY+ST-7IP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE

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 of supplemental annual eport 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 cocytoration or the receiver of ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

H-14-98