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

FILED PROFIT Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000048240 (2) DOCUMENT # REYNOLDS COMMERCIAL REALTY, INC. Principal Place of Business Mailing Address 1914 OAKDALE LANE NORTH 1914 OAKDALE LANE NORTH CLEARWATER FL 34624 CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 7503-1244L Ave. No P.O. Box 59-3324426 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be NC 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible PINOllas 30 Watauga 24 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent REYNOLDS, JEFFERY O 1914 OAKDALE LANE NORTH **CLEARWATER FL 34624** 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 agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered signatures.

SIGNATURE 1251 da name of registered goent and title if applicab 10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TETLE ☐ DELETE 1.1 TITLE REYNOLDS, JEFFREY NAME 1.2 NAME P.O. Box 1967 (529 Laure Lane) Blowing Rock, NC 28605-196 1914 OAKDALE LN. W. STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 1.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ___ Addition 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

14. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachmost with an address.

52 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY - ST - ZIP

Jeffery O. Bynolds

Change

Addition