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

CITY-ST-7IP

 I hereby certify that the indicated on this annual officer or director of Block 12 or Block

FILED PROFIT Apr 03 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000048384 (8) INTURTEC CORPORATION Principal Place of Business Mailing Address 2137 SHADOW OAKS RD 2137 SHADOW OAKS RD SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 3181 Forest Breeze Way 28 3181 Forest Breeze Wai 65-0591887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 ETCHINGHAM, ROBERT E 2137 SHADOW OAKS RD Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34240 83 84 Zip Code 347 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 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 again and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TO LE NAME ETCHINGHAM, ROBERT E 1.2 NAME 3181 Forest Breeze Way 2137 SHADOW OAKS RD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DILETE 4.1 TITLE ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 THILE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ormation 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 or 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 increasion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3-31-90 WOT 0017071