SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996 7-25-96 B-7419-C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059287 (9)

1. Corporation Name
SS II, INC.

Principal Place of Business
~~640 WEST TENNESSEE STREET~~
~~TALLAHASSEE FL 32304~~

Mailing Address
~~640 WEST TENNESSEE STREET~~
~~TALLAHASSEE FL 32304~~

3. Date Incorporated or Qualified: 08/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1938 Village Green Way
Suite, Apt #, etc
22
City & State
23 Tallahassee, FL
Zip 24 32308 Country 25 Leon

2a. Mailing Address
26 1938 Village Green Way
Suite, Apt #, etc
27
City & State
28 Tallahassee, FL
Zip 29 32308 Country 30 Leon

4. FEI Number: 59-3331087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~GROOM, MATTHEW S~~
~~418 EAST VIRGINIA STREET~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent
81 Name: Mark Whitley
82 Street Address (P.O. Box Number is Not Acceptable): 245 Bass Bay Dr.
83
84 City: Tallahassee FL 85 Zip Code: 32312

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: Mark Whitley [signature] 6/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WHITLEY, MARK	
STREET ADDRESS	~~640 WEST TENNESSEE STREET~~	
CITY - ST - ZIP	~~TALLAHASSEE FL 32304~~	
TITLE	STD	☐ DELETE
NAME	CHICHESTER, DAN	
STREET ADDRESS	~~640 WEST TENNESSEE STREET~~	
CITY - ST - ZIP	~~TALLAHASSEE FL 32304~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	245 Bass Bay Dr.	
1.4 CITY - ST - ZIP	Tallahassee Fl. 32312	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2330-B Brynmahr Dr.	
2.4 CITY - ST - ZIP	Tallahassee Fl. 32303	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Mark Whitley 6/26/96 (904) 422-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #