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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061645 (4)

FILED Jul 02 1998 8:00am Secretary of State

FRYE & COMPANY, INC. Principal Place of Business Mailing Address 10415 JOES ROAD 10415 JOES ROAD JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-3339541 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 26 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TITUS, CLAIRE A 4 NE THIRD ST 82 Street Address (P.O. Box Number is Not Acceptable) CRYSTAL RIVER FL 34429 83 City 84 85 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 Signature, typed or printed name of registered agent and title if applicable (NCITE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 11TLE TITLE FRYE, ROSE B NAME 1.2 NAME **10415 JOES ROAD** STREET ADDRESS 1,3 STREET ADDRESS JACKSONVILLE FL 32221 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE FRYE, CHARLES A NAME 2.2 NAME 10415 JOES ROAD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32221 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby 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 Block 13 if chapped, or on an attachment with an address.

Par & Engl

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