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

FILED PROFIT May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P95000073605 (4) DOCUMENT # WINROCK CORP. Principal Place of Business Mailing Address 4500 S.W. BOAT RAMP ROAD 4500 S.W. BOAT RAMP ROAD PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0640492 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MURPHY, LARRY 81 Name 4500 S.W. BOAT RAMP ROAD 62 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both in the State of Florida. Furth 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 of registered agent and e required when reinstating) red Agent sign 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD DELETE TITLE 1.1 TITLE Change Addition MURPHY, LARRY NAME 1.2 NAME 4500 S.W. BOAT RAMP ROAD STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Addition 2.1 TITLE Change 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 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-ZiP DELETE TITLE 4.1 TITLE Change 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 DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME

Block 12 or Block 13 if changed, or on a

6.3 STREET ADDRESS

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 logal 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

STREET ADDRESS

CITY-ST-ZIP