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

FILED Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P95000076758 (8) DANTZLER MEDIATION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1677 **600 WEST LAKE OTIS DRIVE** WINTER HAVEN FL 33882-1677 WINTER HAVEN FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-3342274 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zio Zip Country 8. This corporation owes or has paid the current year latangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANTZLER, RICHARD E 600 W. LAKE OTIS DRIVE Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed hame of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE DANTZLER, RICHARD E 1.2 NAME NAME 600 WEST LAKE OTIS DRIVE 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City-ST-ZiP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information indicated on this annual report or a officer or director of the co-poration Block 12 or Block 13 if changed of SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

pol qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

upplied with this filing does pol qualify

or the received or trustee

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME