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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078642 (2) DARBYSHIRE CREIGHTON HOLDINGS, INC. Principal Place of Business Mailing Address 600 BYPASS DR **600 BYPASS DR** SUITE 210 **SUITE 210** DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34624 CLEARWATER FL 34624** 3. Date incorporated or Qualified 10/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3377627 21 26 Not Applicable 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 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BADGER, BERKLEY **600 BYPASS DR** Street Address (P.O. Box Number is Not Acceptable) SUITE 210 83 **CLEARWATER FL 34824** 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 Signature, typed or printed name of registering agent and title if applicable (NOTE Registered Agent signature required when reinstating) CRZE034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 THILE NAME BADGER, BERKLEY C 1.2 NAME 324 WESTGATE RD 1.3 STREET ADDRESS STREET ADDRESS SPRINGS Change TARPON SPERINGE-FL 34689 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change __ Addition TITLE 6.1 TITLE

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 supplienental 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 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

HAME

STREET ADDRESS CITY-ST-ZIP

Berkley C. Badger 2/26/98 813-796-3339

FILED

Mar 04 1998 8:00am

Secretary of State