FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State B - GRAPAF COPATIONS P95000080426 (6) **DOCUMENT #** 1. Corporation Name FULLER STREET, INC. Mailing Address Principal Place of Business 1307 W. KENNEDY BLVD. 1307 W. KENNEDY BLVD. TAMPA FL 33606 TAMPA FL 33606 3a. Date of Last Report 3. Date Incorporated or Qualified 10/19/1995 Applied For 344013 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Oily & State City & State Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032 Country Zip Country Zin Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name steven ditermyk Street Address (P.O. Box Number is Not Acceptable FRAZIER, S K 82 1307, W. Lennedy 101 EAST KENNEDY BLVD. 83 **SUITE 3700** 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The ethy accept the appointment as registered agent. Lam familiar with, and accept the obligation of Section 607.0505. Florida Statutes President SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Predictions Director DELFTE ☐ Change United Street TITLE 1.2 NAME NAME 1307. W. Kennedy Blud 1.3 STREET ADDRESS STREET ADDRESS 14 CITY - ST - ZIP CITY-ST-ZIP Add tion Change DELFTE 2 1 1014 TITLE 2.2 NAME NAME 2.3 STHEET ADDRESS STREET ADDRESS 2.4 CIBY - \$1 - ZIP CHTY-ST ZIP Addition DELETE 3 1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY ST-ZIP City-St-7iP Addition DELFTE 4 1 THLE TOUE. 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP C-TY-ST-7/P Change Addition DELETE 5 1 Title TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CH1Y - S1 - ZIP DITY-ST-ZIP ☐ Change ☐ Addition DELETE 6 1 TITLE THILE E 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and ooes not qualify for the excription 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 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 certify 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.

CR2E034 (12/95)

SIGNATURE: STEVEN A. LITERWYK 1/17/86 (813) 251-2765