SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000094751 (1) VIRGINIA R. SUNDEEN, P.A. Mailing Address Principal Place of Business 3010 SE 24TH PLACE 3010 SE 24TH PLACE GAINESVILLE FL 32641 GAINESVILLE FL 32641 3a. Date of Last Report 3. Date Incorporated or Qualified 12/07/1995 NOVE OTHER. FEI Number Applied For 2a, Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired X Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199 032 2_{ip} Country Country Zip Yes 🔀 No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUNDEEN, VIRGINIA R 3010 SE 24TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32641** 83 Zip Code City 85 84 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 Age is signature required when reinstaing) Signature, type diduped that name of the jude cold agent and the if applicable (36%) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition PRESIDENT OFFER DEFEE 1 1 10 UE TITLE VIRGINIA R. SUMBLEN CR2E034 1.2 NAME NAME 3010 SE SURPLACE 1.3 STREET ADDRESS STREET ADDRESS 3264 GAINE SUILLE 1.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TILLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP ___ Change ___ Addition DELETE 3 1 THTLE TuTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-SI-7P CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TIFLE 4 2 NAME NAME 4.3 STREET ACCRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP 500001903255 Sange Adesion DELETE 5 1 TITLE TITLE -07/24/96--01050--018 5.2 NAME NAME ***233.75 5.3 STHEET ADDRESS STREET ADDRESS 5 4 Cily - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 legar effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address. CITY - ST - ZIP

MUNICIA SUNDEN PA VIRGINIA R. SUNDEN 7/5/96 (352)335-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR