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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096389 (8)

OUTRIDER INVESTMENTS, INC.

Principal Place of Business Mailing Address 433 N MILLS AVE ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/18/1995</u> Applied For 2. Principal Place of Business 2s. Mailing Address 4. FEI Number 21 26 59-3349766 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes Yes 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GREENE, LANNY L 433 N MILLS AVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 Zip Code City 85 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE GREENE, LANNY L NAME 1.2 NAME CR2E034 433 N MILLS AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP Change DELETÉ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME

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 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 or an attachment with an accuracy.

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELFTE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

___ Addition

Addition

Change

FILED

Apr 28 1998 8:00am

Secretary of State