FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000008969 (3) **DOCUMENT #** LASTINGER CORPORATION Principal Place of Business Mailing Address 5458 HOFFNER AVE STE 304 5458 HOFFNER AVE STE 304 ORLANDO FL 32812 ORLANDO FL 32812 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3400864 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LASTINGER, DAVID M 5458 HOFFNER AVE STE 304 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32812 83 84 City Zip Code FL 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. ASTINGER SIGNATURE anie of registered againt and title if applicable DATE red Agent signature OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition NAME LASTINGER, DAVID M 1.2 NAME STREET ADDRESS 5458 HOFFNER AVE STE 304 1.3 STREET ADDRESS ORLANDO FL 32812 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP

FILED Mar 31 1998 8:00am

Addition

Change

(10/97

CR2E034

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address. laa

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 City - St - ZiP

DELETE