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

NAME

STREET ADDRESS

FILED May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P96000015406 (7) DOCUMENT # RDDS. INC. Principal Place of Business Mailing Address 775 STONEENGE WAY 775 STONEENGE WAY PALM HARBOR FL 34682 PALM HARBOR FL 34682 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3362275 Not Applicable Suite, Ant. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DRABIK, DEBBY 775 STONEHENGE WAY 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34682 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 1.1 TITLE Change TITLE DRABIK, DEBBY J NAME 1.2 NAME 775 STONE HENGE WAY STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE SWOAGER, RICHARD A NAME 2.2 NAME 775 STONEHENGE WAY 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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14. I hereby certify that the information supplied with this filling 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 of 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 to organizate the receiver of the corporation of the receiver of the receiver of the corporation of the receiver o 4.17.98 813-791-6632 SIGNATURE:

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP